MEDICAL RECORD | CONSULTATION SHEET Page 2 of 2

Consult Request: Consult

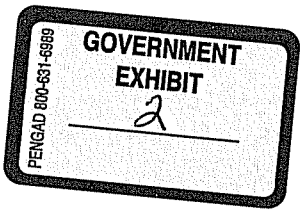
Consult No.: 844972

Consultation Results #6224985 continued.

SERVICE CONNECTED % - 60
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

Use of duloxetine is approved.

/es/ TARANNUM F MANSURI
Pharm. D.
Signed: 03/10/2008 16:01




M 301

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN

198-66-7220 01/26/19 CONSULTATION SHEET

MEDICAL RECORD | CONSULTATION SHEET Page 1 of 2

Consult Request: Consult | Consult No.: 844972

To: PHARMACY NONFORMULARY REQUEST
From: MHC BOROWSKI WALK IN | Requested: 03/10/2008 3:10 pm

Requesting Facility: WILKES-BARRE VAMC

Current Primary Care Provider: PATEL,INDUBHAI M
Current Primary Care Team: GENERAL MEDICINE

REASON FOR REQUEST: (Complaints and findings)
SERVICE CONNECTED % - 60
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

COMBAT SERVICE - NO
Is patient an OEF/OIF returnee? Yes

Reason for Request: Treatment for anxiety.

THIS FORM IS USED TO REQUEST A NON-FORMULARY MEDICATION FOR CLINICAL USE FOR AN INDIVIDUAL PATIENT

SECTION A: Medication Requested (To be completed by Physician)
1. Generic name/strength/dosage form: duloxetine 20 mg cap
2. Trade name: cymbalta
3. Diagnosis or medical problem to be treated: PTSD chronic pain
SECTION B: Justification (To be completed by Physician)
1. Reason for medical necessity: (choose one/document specific comments)
c. Therapeutic failure of all formulary alternatives: (specify agent(s) tried)
2. Anticipated duration and location of therapy: (chose all that apply)
Outpatient clinic
3. Treatment goal/endpoint: Alleviation of anxiety.

PROVISIONAL DIAG: PTSD

| REQUESTED BY: | PLACE: | URGENCY: |
|---|---|---|
| SANTOS,FRANCISCO F<br>STAFF PSYCHIATRIST BEHAVIORAL SVCS<br>(Pager: 229/826-9490)<br>(Phone: 7495) | Consultant's choice<br><br>SERVICE RENDERED AS:<br>Outpatient | Routine |

CONSULTATION NOTE #6224985

LOCAL TITLE: CONSULTATION REPORT
STANDARD TITLE: CONSULT
DATE OF NOTE: MAR 10, 2008@16:01 ENTRY DATE: MAR 10, 2008@16:01:05
AUTHOR: MANSURI,TARANNUM F EXP COSIGNER:
URGENCY: STATUS: COMPLETED

AUTHOR & TITLE: | DATE:

ID #:_____ | ORGANIZATION:WILKES-BARRE VAMC | REG #:____ | LOC: MHC BOROWSK

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN
[redacted] M302 CONSULTATION SHEET
[redacted] Phone: [redacted] Standard Form 513 (Rev 9-77)

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/10/2008 17:05
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 03/09/2008 05:37 ER (MIDNIGHT) CLINIC
I spoke to the patient on the phone as he was insisting on leaving against medical advice.

He mentions that he felt that there has been a misunderstanding being placed on one-to-one watch, for he repeatedly state that he did not have any thoughts of hurting himself. The actual reason that he came to the emergency room is to get assistance for the headache which was intense some time early morning before he came in which he believed was as a result of withdrawal from tramadol as he was advised to stop the medications completely after he was discharged from Moses Taylor Hospital.

When he was asked again as to whether he was suicidal, he strongly denies that he ever was. He agreed to come the next day to mental hygiene clinic as well as to primary care medicine to get treatment perhaps for pain and as well as to have his medications for his PTSD adjusted as he felt that citalopram was not working.

MENTAL STATUS EXAMINATION: He was alert, oriented in 3 spheres. He was denying feelings of depression. His speech was normal in rate and rhythm. He was coherent and relevant in ideations. He did not endorse nightmares in this talk. He strongly denied suicidal thinking. No homicidal thoughts. He has no psychotic symptoms. His long-term and short-term memory are intact. His judgment is fair and his insight is fair.

Discussed with the ER physician at this time, and the ER physician felt likewise that he was not in any risk of hurting himself and that he concurred with the AMA discharge considering that there were no grounds to keep him involuntarily.

PLAN: It was then agreed that he will be allowed to leave against medical advice and that he will keep his intention of coming to mental hygiene clinic as well as to the primary care clinic for followup of both his psychiatric and medical issues.

FFS/OSi/227414/1/03/11/2008 09:11:44/KK/D:03/10/2008
17:13:44/T:03/10/2008
19:16:55/VAJob#:1455665/IChartJob#29340028/23302277

Signed by: /es/ FRANCISCO F SANTOS, M.D.
STAFF PSYCHIATRIST BEHAVIORAL SVCS
03/11/2008 14:27

M303

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/11/2008 09:57
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 03/10/2008 14:00 MHC BOROWSKI WALK IN
This note is being entered as a follow-up to the detailed discussion conducted with the pt yesterday along with Ron Simon from SWS.

Pt insisted on being prescribed a benzodiazepine saying that this has been the only class of medications that has helped him in the past. He was explained the potential long-term risks and side-effects of the same in stark contrast to the immediate but transient relief of his current symptom of anxiety. It was also pointed out to him that SSRIs have similar benefits that have proven to be maintained for far longer durations of time with minimal side-effects.

He, once again, insisted that he has not experienced any such gains from any of the medications prescribed to him so far (see previous notes for entire list of meds) and had reportedly suffered a seizure recently which was treated at CMC Hospital at Scranton, where he was told that it was possibly secondary to the combination of Prozac & Ultram. It was then pointed out to him that he had just been taken off the Prozac and started on Celexa. Pt himself admitted to having been on Celexa for only the last 4 days, but felt fairly sure that it would also not prove to be of any benefit to him eventually. He also insisted that he has "gone through" all the therapy sessions including those during his recent hospitalization at Coatesville VAMC last year and had nothing more to gain from them.

He finally agreed that potential concerns for ongoing safety could not be over-ridden and decided that he would not continue to wait for the long-term benefits of meds and that he would be better off implementing a drug-free trial. Pt was encouraged to contact MHC in the future as needed for any help/guidance.

It is to be noted that pt had come in to the ER during the weekend but eventually signed out AMA stating that he was not suicidal after all but was merely misunderstood by staff. BAL = 1.4 at that time (3/9/08) raising concerns of other possible forms of substance abuse.

Pt currently does have a prescription approved for Cymbalta 20mg po qod issued by Dr. Santos.

Signed by: /es/ ARUNA BHATIA
STAFF PHYSICIAN BEHAVIORAL SVCS
03/11/2008 11:17

M 304

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/11/2008 10:55
LOCAL TITLE: TLCP SOCIAL WORK
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 03/11/2008 10:55 TLCP SOCIAL WORK SERVICE
D/ I called vet to follow-up on intervention from yesterday - 489-7276. He was not at home, but I spoke with Mrs. Laskowski who advised me that "Stanley is doing much better. He came there because he was withdrawing from the Tramadol and he hadn't slept." I left my number for him to call me when he has an opportunity.
I conferred with Ron Simon after reviewing his notes from yesterday, including the suicide risk assessment. Vet was also seen by Drs. Santos and Bhatia yesterday. Dr. Hwang called him last night to check on him.
Vet is seen by Karen Lenchitsky of the Scranton Vet Center. Reportedly he prefers to go to that facility for his therapy.
A/ Based on the SRA and wife's comments, vet is considered a low, non-imminent risk for harming himself at present.
P/ Vet will keep future appointments here and at the Vet Center and will call me if he feels a need.

Signed by: /es/ JOHN J SHALANSKI, DSW
DSW
03/11/2008 11:10

03/11/2008 11:47 ADDENDUM STATUS: COMPLETED
D/ Mr. Laskowski returned my call & was friendly and cooperative on the phone. He confirmed that he is "feeling much better," and he was grateful that Dr. Hwang had called him last night. He stated that he is not having any thoughts of harming himself at present,"I told the staff in the ER that I did have thoughts when my head was pounding from withdrawal in the middle of the night, but I had no plan to harm myself."
Vet stated that he has not attempted to harm himself in the past. He agree to keep future appointments at the VAMC.
Signed by: /es/ JOHN J SHALANSKI, DSW
DSW
03/11/2008 11:50

M305

Progress Notes

MEDICAL RECORD

NOTE DATED: 03/11/2008 13:03
LOCAL TITLE: MENTAL HEALTH MEDICAL NOTE
STANDARD TITLE: MENTAL HEALTH NOTE
VISIT: 03/10/2008 21:00 TLCP PSYCHIATRY
TEL. CONTACT.
CALLED ABOUT 8:30PM LAST NIGHT FOR F/U ASSESSMENT.
PT REPORTED MHC VISIT TODAY WITH DR. SANTOS, DR. BHATIA, STEVE SHARDING PA AND RON SIMON CSW.
DENIED ANY SIGNFICANT ACTIVE DEPRESSION, ANXIETY, PSYCHOSIS, OR SI/HI TODAY. STATES HE HAS BEEN FEELING FINE WITH STABLE MOOD STATE AND NO SIGNIFICANT NEUROVEGETAIVE SXS SINCE THE DISCHARGE ON SUNDAY. NO EVIDENCE OF SI NOTED. HOWEVER, PT NOTED THAT HE HAS SOME QUESTIONS ABOUT HIS MEDICATION TREATMENT. REPORTEDLY HE HAS BEEN ON A LONG TERM ANALGESIC MEDS AND PTSD TREATMENT WITH SSRI WHICH PT NOTED HAS NOT BEEN EFFECTIVE. HE NOTED THAT THE ONLY MEDS THAT HAS HELPED HIM WAS BENZOS(KLONOPIN) AND TRAMADOL FOR PAIN. PT ALSO NOTED THAT HE HAD A "SEIZURE" COUPLE OF WEEKS AGO AND WAS TOLD (NON-VA) THAT IT WAS RELATED TO THE DRUG TREATMENT AND WITHDRAWAL. DENIED ANY PRIOR HX OR RECURRENT SEIZURES. PT HAS A HX PTSD, HIP PAIN, AND POLY SUBSTANCE ABUSE INCLUDING ETOH ABUSE. PT HAS ALSO COMPLETED PTSD INPATIENT TX IN COATESVILLE VA IN 2006. SOCIAL WORK INFORMED THAT PT ALSO HAS HAD A LEGAL PROBLEM SINCE LAST YEAR AFTER HE BROKE INTO PHARMACY IN SCRANTON.
MSE) ALERT, ATTENTIVE, VERBAL, SPONTANEOUS,& COOPERATIVE ON TEL. CALL. DENIES ACTIVE DEPRESSION AND ANXIETY OR PANIC SXS. DENIES SI/HI OR IMPULSIVE, AGGRESSIVE THOUGHTS AT THIS TIME. LOGICAL, GOAL DIRECTED WITH NO OVERT PARANOID OR GRANDIOSE DELUSIONS. NO OVERT A/V HALLUCIANTIONS NOTED. INTACT COGNITIONS AND INSIGHT.
DX) 1. HX PTSD
2. HX SUBSTANCE ABUSE - OPIATE & ETOH
RECOMMENDATION)
PT TO F/U PTSD PROGRAM AND MHC TEAM
DETOX AND SARTP, PRN
NEED TO CONSULT WITH THE PAIN MANAGEMNT TEAM FOR ANALGESIC TX.

Signed by: /es/ MICHAEL Y HWANG
Chief, Mental Health
03/11/2008 14:53

M306

03/14/2008 10:00 ** CONTINUED FROM PREVIOUS PAGE **

session, also applied cognitive behavioral techniques to assist him with his PTSD symptoms; specifically, the heightened arousal state and sensory state.

Worked with veteran on guided imagery and behavioral relaxation techniques to assist when these episodes happen.

Again, the veteran was appreciative of the session and felt benefit.

A.
1. Post-Traumatic Stress Disorder.
2. History of substance abuse.

P.
1. The veteran will return on Monday, March 17, 2008, to see Dr. Webster.
2. He will continue to see Karen Lenchitsky, LCSW, at the Scranton Vet Center.
3. He is aware of 24-hour services and that he can call or come in at any time.
4. Also, treatment planned the weekend as to what the veteran will do if he has any problems. He is aware of both the emergency room services, and he also has the phone contact number for the Suicide National Hot Line, and he will utilize those services if needed.

d- 3-14-2008 8:12 p.m.
t- 3-14-2008 11:00 p.m.
TA2
#128138

Signed by: /es/ RONALD J SIMON
Local Recovery Coordinator
03/17/2008 16:27

Receipt Acknowledged By:
/es/ ROBERT B WEBSTER
PSYCHIATRIST
03/25/2008 16:17

M307

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/14/2008 10:00
LOCAL TITLE: SW-GENERAL NOTE
STANDARD TITLE: SOCIAL WORK NOTE
VISIT: 03/14/2008 10:00 ZZZMHC SINON SWS
DATE OF EXAMINATION: March 14, 2008

The veteran is a 30-year-old male seen today for a 30 minute therapy session. This is a service-connected visit.

The veteran was scheduled for this session to follow problem areas from the weekend and session on Monday. The veteran states that he has spoken on the phone and also came in to visit with the chief of psychiatry, Mental Health and Behavioral Services, Michael Hwang, M.D. He states after talking to Dr. Hwang, he does agree to resume treatment at the VAMC in Wilkes-Barre.

The veteran was appreciative of interventions given to him. He states that at the present time he feels he is stable. However, he does state that he is depressed. He continues to have anxiety. However, he is more future-oriented and denies any thoughts of harm to self or others. He states that he is still struggling with an issue related to his PTSD symptoms in the sense that he reports that his senses are heightened and he gets in a hyperarousal state where he states he feels anxiety and that all of his senses are increased in terms of smell and awareness and hearing. He states it very much reminds him of what it was like when he was in Iraq and getting shot at. He states that there are a few things that help a little bit, but he states the only thing that seems to help the most is when he takes Tramadol, and he does report to this Worker that he did buy Tramadol over the Internet and has been taking it. It is noted that the Tramadol was discontinued for him recently by the VA Medical Center. He states that on Wednesday, he took three tablets, and he also had to do this yesterday.

Medication education was provided to the veteran and I warned him about the risks of doing this. He states he is fully aware of the risk, but he feels that it is his only option right now. He has not picked up the Cymbalta that was ordered for him last week, and he also is not taking the Celexa that was also previously prescribed for him.

The veteran does report that he has an appointment on Monday, March 17, 2008, with Dr. Webster, and he is awaiting this appointment for further direction.

Also spoke to the veteran about substance abuse; specifically, talked about his past Vicodin abuse. Also discussed how the emergency room from over the weekend reveals that he was abusing Tylenol #3. The veteran does admit to this and states it was the only thing at that time that he could take to calm him down.

Also spoke to the veteran about the fact that when he was in the Emergency Room over the weekend, lab results reveal that he had a blood alcohol level of 1.4. The veteran absolutely denies drinking, "This must be a mistake." He states he has not drank any alcohol since August of 2007.

Discussed in this session treatment planning. Offered veteran individual therapy at the VAMC; specifically, PTSD treatment with Dr. Dooley. The veteran states that he feels that this was helpful in the past, but at this point he wishes to continue with Karen Lenchitsky, LCSW, at the Vet Center in Scranton. He also states that he will now see Dr. Webster rather than seek a private psychiatrist. Other services were offered to the veteran such as PTSD groups. However, he does not feel that they are needed at this time. He also states that there is a logistics issue with traveling to Wilkes-Barre on a regular basis from his home town of Throop and the price of gasoline right now. The veteran was very appreciative of this session. During this

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/17/2008 08:57
LOCAL TITLE: SCANNED TBI DOCUMENTS
STANDARD TITLE: SCANNED REPORT
VISIT: 03/17/2008 08:57 FILEROOM
certified appt reminder for 3/24/ scanned and mailed

Signed by: /es/ SANDRA L JOHNSON
03/17/2008 08:57

M309

MEDICAL RECORD Progress Notes

03/17/2008 16:52 ** CONTINUED FROM PREVIOUS PAGE **

2. Start Depakote ER 500mg po x3 days then 1000mg po daily to stabilize mood.
3. Risks, benefits and side effects of current psychotropic medications were discussed with the patient who verbalized understanding them. Patient agrees to take prescribed medications.
4. Counseled and educated patient about mood symptoms, PTSD and treatment options.
5. Advised patient to go to the nearest emergency room for any crisis and to call this clinic as needed.
6. Return to clinic on 3/31/08 at 1030.
7. Valproic acid level and hepatic panel on 3/24/08.

PROVIDER Med Reconciliation:
Outpatient Medication Review
A new medication is to be added after review of current medication profile at this clinic visit. See plan of care above. Patient verbalizes understanding of use of new medication(s).
A medication is to be discontinued during medication profile review at this clinic visit. See Plan of Care above. Patient verbalizes understanding of discontinuation of medication(s).

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
03/17/2008 17:24

M310

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/17/2008 16:52
LOCAL TITLE: PSYCHIATRY GENERAL NOTE
STANDARD TITLE: PSYCHIATRY NOTE
VISIT: 03/17/2008 12:30 ZZZMHC WEBSTER
Mr. Laskowsky was seen today for the first time for follow-up medication management and supportive therapy. Patient was prompt for scheduled appointment. Chart reviewed.

Patient was last seen by Mr. Scharding on 3/10/08 with recommendation to try Cymbalta 20 mg q other day.

Patient reports that he came today to look for a new doctor. He states that Dr. Hwang spoke to him and assigned him to this writer. He reports that he had a seizure because of the combination of Prozac and Tramadol and had to be seen in the ER on 2/29/08. He states that his work up for his seizure turned out negative. He reports being on Tramadol since 10/07 not for pain but to prevent what he calls episodes when he feels like being back in the war, having an adrenaline rush, heightened senses, anxious, and no need for sleep. He reports having trials of several SSRIs including Paxil, Wellbutrin, Effexor, Prozac, Buspar, Celexa with poor response.

He denies problems with sleep and energy as long as he takes Tramadol. He states that he would like to discontinue his Tramadol as long as there is something to replace it to prevent his episodes. He states that he had flashbacks a week ago when he heard people in his squad and seeing his squad walking in Baghdad.

He reports spending his day playing with his children ages 5, 3 and 9 months and playing playstation. He states that he plans to move west, buy a house and raise his children. He reports working as an insurance salesman for about 6 months after his discharge from the service in 2/07. He is now unemployed. Wife works as a medical record clerk.

Denies any alcohol or illicit drug use.

He admits to not taking his Cymbalta because he has been on several SSRIs and had poor response to them. He states that he is willing to try a mood stabilizer as long as it would help him not experience having episodes of feeling like he is back in Iraq.

Active Outpatient Medications (including Supplies):

| | Active Outpatient Medications | Status |
|---|---|---|
| 1) | ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED | ACTIVE |
| 2) | CAPSAICIN 0.075% CREAM (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA | ACTIVE (S) |
| 3) | DIVALPROEX ER 500MG TAB TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET AT BEDTIME | ACTIVE |
| 4) | DULOXETINE 20MG CAP TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY | ACTIVE |
| 5) | KETOROLAC 60 MG/2ML INJ INJECT 60 MG INTRAMUSCULARLY NOW | ACTIVE |
| 6) | MULTIVITAMIN TABLETS TAKE 1 TABLET BY MOUTH EVERY DAY | ACTIVE (S) |

MENTAL STATUS EXAM:
Patient is alert and oriented to time, place, and person. Cooperative, calm and pleasant. Fairly well groomed. Appropriately dressed. Mood is described as "normal". Affect is euthymic. No psychomotor agitation or retardation noted. Speech is spontaneous, relevant, and coherent. Thought processes are organized and logical. Verbalizes no auditory or visual hallucinations. No delusional thoughts. Denies suicidal and homicidal ideation. Memory, both recent and remote, is intact. Insight is fair. Judgment is fair.

ASSESSMENT:
PTSD
r/o Cyclothymic disorder

M311

PLAN:
1. Discontinue Cymbalta per pt request

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Note

NOTE DATED: 03/19/2008 17:06
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 03/17/2008 12:30 ZZZMHC WEBSTER
Patient left a message indicating that he has been having side effects from his medications (headaches, cramps above kidney and dark urine). Called patient by phone today at 1710 and spoke with patient who reported that he had 2 doses of Divalproex with last dose yesterday. He stated that he has been reading a lot about Divalproex which has made him concerned about taking it. He claims that he has been having side effects from the medication including headaches, cramping above the kidney and dark urine. Discussed and educated the patient about the risks, benefits and side effects of Divalproex. Patient requests to discontinue Divalproex and try a new medication. Will discontinue Divalproex. He was advised to call the MH clinic and schedule an appointment with this writer tomorrow morning. He agrees with above plan.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
03/19/2008 17:19

M312

[redacted] WILKES-BARRE VAMC Printed:06/29/2009 15:30
Pt Loc: OUTPATIENT Vice SF 509

MEDICAL RECORD — Progress Notes

03/20/2008 14:08 ** CONTINUED FROM PREVIOUS PAGE **

4. Counseled and educated patient about mood and anxiety symptoms, compliance with medications and treatment options.
5. Advised patient to abstain from alcohol use.
6. Advised patient to go to the nearest emergency room for any crisis and to call this clinic as needed.
7. Return to clinic on 3/31/08.

PROVIDER Med Reconciliation:
Outpatient Medication Review
A new medication is to be added after review of current medication profile at this clinic visit. See plan of care above. Patient verbalizes understanding of use of new medication(s).

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
03/20/2008 14:35

M313

MEDICAL RECORD Progress Notes

NOTE DATED: 03/20/2008 14:08
LOCAL TITLE: PSYCHIATRY GENERAL NOTE
STANDARD TITLE: PSYCHIATRY NOTE
VISIT: 03/20/2008 13:30 ZZZMHC WEBSTER
Mr. Laskowski was seen today as a walk-in for follow-up medication management and supportive therapy. Chart reviewed. Reviewed TLCP psychiatry note on 3/19/08 about his side effects from Divalproex which was subsequently discontinued yesterday.

Patient reports that he has been feeling better since stopping Divalproex yesterday. He states that the headaches and cramping have vanished and now has light urine. He expresses appreciation for being seen today.

Reviewed with patient various psychotropic medications including mood stabilizers, atypical antipsychotic, and anti-anxiety medications. He asks if he could try valium because he tried it about 2 weeks ago he obtained from a friend and had good response from it. Potential for dependence and tolerance of Valium and Xanax were discussed with the patient. Patient reports trying Buspar with poor response, clonazepam with moderate response, Seroquel with increased sedation. He also states that he does not want to try lithium because of what he has read about it being similar to Divalproex. After discussing various medications option, patient agrees to try Risperdal for mood stabilization and hydroxyzine for anxiety.

Patient was adamant when suggested he has a history of polysubstance dependence. He reports that he drinks alcohol socially, with last alcohol drink in 8/07. He admits drinking alcohol in the marines and when he has episodes. He denies being treated for alcohol abuse. He also denies using illicit drugs. He reports that he used to take Vicodin.

Active Outpatient Medications (including Supplies):

| | Active Outpatient Medications | Status |
|---|---|---|
| 1) | ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED | ACTIVE |
| 2) | CAPSAICIN 0.075% CREAM (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA | ACTIVE (S) |
| 3) | KETOROLAC 60 MG/2ML INJ INJECT 60 MG INTRAMUSCULARLY NOW | ACTIVE |
| 4) | MULTIVITAMIN TABLETS TAKE 1 TABLET BY MOUTH EVERY DAY | ACTIVE (S) |

| | Pending Outpatient Medications | Status |
|---|---|---|
| 1) | HYDROXYZINE PAMOATE 25MG CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED | PENDING |
| 2) | RISPERIDONE 1 MG TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING | PENDING |

6 Total Medications

MENTAL STATUS EXAM:
Patient is alert. Oriented to time, place, and person. Cooperative, calm and pleasant. Fairly well groomed. Appropriately dressed. Mood is described as "better". Affect is euthymic, smiles. There is no psychomotor agitation or retardation. No abnormal involuntary movements noted. Speech is spontaneous, relevant, and coherent. Thought processes are organized and logical. Denies suicidal and homicidal ideation. Memory, both recent and remote, is intact. Insight is fair. Judgment is fair.

ASSESSMENT:
PTSD
r/o Cyclothymic disorder

PLAN:
1. Start Risperidone 0.5 mg po qam for mood stabilization.
2. Start Hydroxyzine 25m po bid prn for anxiety, may take 1 to 2 tabs.
3. Risks, benefits and side effects of various psychotropic medications inluding Risperidone and Hydroxyzine were discussed with the patient who verbalized understanding them. Patient agrees to take prescribed medications.

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Note

NOTE DATED: 03/24/2008 09:07
LOCAL TITLE: NSG CLINICAL REMINDER NOTE
STANDARD TITLE: EDUCATION NOTE
VISIT: 03/24/2008 09:00 TBI HOGG 2HR CLINIC
Influenza Immunization:
Influenza Information
The patient refused administration of the influenza vaccine at this time.

Signed by: /es/ CAROL A VALANIA
LPN
03/24/2008 09:11

M315

MEDICAL RECORD | CONSULTATION SHEET Page 4 of 4

Consult Request: Consult

Consult No.: 844478

(Scheduled Comment)
Entered by: JOHNSON,SANDRA L - 03/10/2008 8:35 am
Responsible Person: DOSHI,SANJAYKUMAR J
Entered at: WILKES-BARRE VAMC
TBI HOGG Consult Appt. on 03/24/08 @ 09:00
TBI

(Added Comment)
Entered by: JOHNSON,SANDRA L - 03/17/2008 8:55 am
Responsible Person: JOHNSON,SANDRA L
Entered at: WILKES-BARRE VAMC
certified appt reminder for 3/24/ scanned and mailed

(Added Comment)
Entered by: JOHNSON,SANDRA L - 03/24/2008 1:59 pm
Responsible Person: JOHNSON,SANDRA L
Entered at: WILKES-BARRE VAMC
Certified confirmation receipt for appt 3/24/08

M316

Consult Request: Consult

Consult No.: 844478

Consultation Results #6262419 continued.

Pupils were equal, round, reactive to light and accommodation. There was no visual field defect on confrontation testing. Facial strength was normal. His hearing was normal for conversational speech. He was able to hear 128 cps and 256 cps tuning forks in each ear. Weber test was midline. Tongue, jaw and palate movements were normal. Gait was normal. He was able to do tandem gait without difficulty. Tests of coordination including finger-to-nose, heel-to-shin, and rapid alternating movements were performed normally. There was no weakness. Sensory examination was deferred. Reflexes were symmetrical. Plantar responses were flexor bilaterally.

ASSESSMENT:
1. History of at least two episodes of exposure to blast injury while in Iraq, with one episode of brief loss of consciousness. Subsequent symptoms are consistent with both TBI and PTSD. He has been treated for PTSD.
2. Normal neurologic examination today.

PLAN:
1. Neuropsych testing.
2. Keep EEG appointment already scheduled.
3. Repeat audiometrics.
4. MRI scan of the brain.
5. Follow-up appointment after testing is completed.

/es/ JUDITH E HOGG
Staff Neurologist
Signed: 03/24/2008 11:37

Receipt Acknowledged By:
03/26/2008 08:58 /es/ INDUBHAI M PATEL, MD
STAFF PHYSICIAN, PRIMARY CARE

03/27/2008 ADDENDUM STATUS: COMPLETED
Plan:
1. Neuropsych testing (Consult placed, not scheduled yet).
2. MRI Brain (4/1/08)
3. EEG to eval seizures
4. Repeat audiometric testing (Not ordered yet).
5. F/U with TBI after above etsting completed.
Goal:
1,2,5 - Dx & tx ? TBI
3 - Eval seizures
4 - Eval hearing impairment

/es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
Signed: 03/27/2008 10:10

Receipt Acknowledged By:
03/27/2008 14:19 /es/ Colleen M. Kaskel, MSN, RN
Acting OIF/OEF Program Coordinator
03/31/2008 06:40 /es/ A C GERMAIN-TUDGAY
Supervisor, PMR/ASP
03/27/2008 10:11 /es/ ALAN KURLANSKY, LCSW, BCD
SCI/D COORDINATOR / CLINICAL SOCIAL WORKER
03/27/2008 15:11 /es/ Patricia L. Farrell, Psy.D.
Clinical Psychologist
03/27/2008 14:58 /es/ MAURA E BANFORD
OCCUPATIONAL THERAPIST
03/27/2008 11:25 /es/ ERIK B PEARSON, MSPT
PHYSICAL THERAPIST
03/28/2008 17:34 /es/ JUDITH E HOGG
Staff Neurologist

M317

Consult Request: Consult

Consult No.: 844478

Consultation Results #6262419 continued.

The patient is a 30 year old man referred for consultation because of possible TBI sustained while on duty in Iraq. The history was obtained from the patient and from review of the medical record.

The patient served in Iraq in the Marine Corps from March through July, 2003. He was in the first invasion wave, and remembers several incidents when he was exposed to blasts. He remembers two incidents well. In the first instance, he was near a tank when the tank began to fire. He was thrown to the ground, as were other people in his patrol group. He was unconscious for perhaps a few seconds. His memory is fuzzy for the events just before the blast, and for a few seconds after the blast. He did not have any external or visible injury to his head. His leg was grazed by a piece of shrapnel. When he picked himself up from the ground, he went to help others who were still unconscious. He helped them to wake up. The second instance was also in relation to tank fire. A tank had shelled a building. The force of the blast stunned the patient who was nearby. The patient served in Iraq until July, 2003. Since returning to the United States, he has been aware of many symptoms including dizziness, memory loss, poor balance, poor coordination, and impaired ability to sleep. He has been told that he has post-traumatic stress disorder, which is being treated. For a while, he was on Prozac and Tramadol. Last month, while on the two medications, he had a grand mal seizure. CT scan of the head was normal. The patient was taken off both medications, and started on Depakote. He could not tolerate Depakote, and the medication has now been discontinued. He is scheduled for an EEG soon. He has not had an MRI scan of the brain. When he was seen recently in the emergency room, he was asked about brain injury. TBI questionnaire results led to the request for TBI consultation.

At present, the patient is troubled by several neurologic symptoms. He has severe forgetfulness. He has poor concentration and is easily distracted from tasks. He also has been aware that his thinking ability is slowed, he is disorganized, and he is unable to finish projects. He has moderate difficulty making decisions. He also reports dizziness, which he describes as a spinning sensation accompanied by "blacking out" of his peripheral vision. Dizziness is not accompanied by nausea or vomiting although he does have unexplained vomiting at other times. His balance is poor. He feels unsteady when first standing up, and unsteady when climbing stairs. He has poor coordination. He has what he says is a migraine headache every day. He takes Excedrin Migraine twice per day. The headaches are accompanied by nausea and vomiting. He has sensitivity to light. When he first sees daylight, it feels like a "shock wave" in his eyes and head. He has trouble with hearing. Although audiometrics one year ago showed no significant hearing loss, the patient says that he can not hear his wife when she speaks, but reads her lips. Without the monitor near him, he does not hear his baby cry. He has lost his senses of smell and taste. His appetite remains good. He has difficulty falling asleep and staying asleep. He feels tense and anxious, as well as depressed. He is irritable, being easily annoyed. He also has poor frustration tolerance, and is easily overwhelmed by things.

PAST MEDICAL HISTORY: PTSD; Hip pain; Polysubstance dependence; concussion in 1994 secondary to MVA.

MEDICATIONS: Excedrin Migraine; Risperdone; Tylenol #3; Hydroxyzine; Multi-vitamins.

He has no known allergies.

FAMILY HISTORY: Gout, peripheral vascular disease, alcohol and drug abuse.

SOCIAL HISTORY: He is married, lives with his wife and three children, ages 5, 3 and 9 months. The patient is not working outside the home. His wife is working, and the patient is taking care of the children.

REVIEW OF SYSTEMS: Otherwise, negative.

EXAMINATION: The patient was alert, cooperative, and in no distress. Behavior was normal.
Weight 193.7 lbs. Pulse 96 Resp 18 Blood Pressure 112/75
Mental status was normal. Examination of cranial nerves II-XII was also normal.

MEDICAL RECORD | CONSULTATION SHEET 

Consult Request: Consult | Consult No.: 844478

To: TBI (TRAUMATIC BRAIN INJURY)
From: ER (MIDNIGHT) CLINIC | Requested: 03/09/2008 6:26 am

Requesting Facility: WILKES-BARRE VAMC

Current Primary Care Provider: PATEL,INDUBHAI M
Current Primary Care Team: GENERAL MEDICINE

REASON FOR REQUEST: (Complaints and findings)
SERVICE CONNECTED % - 60

TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

COMBAT SERVICE - NO
Is patient an OEF/OIF returnee? No

Reason for Request: patient has been close various explosive and clamis that
he had "
concussion "
please refer TBI SCREENING DON EBY ME BY DR.DOSHI UNDER ER ATTENDING
NOTE . PLEASE REVIEW AND ADVISE

PROVISIONAL DIAG: TBI?

| REQUESTED BY: | PLACE: | URGENCY: |
|---|---|---|
| DOSHI,SANJAYKUMAR J<br>STAFF PHYSICIAN(CARDIOLOGY)MEDICAL<br>(Pager: 814)<br>(Phone: 7524) | Consultant's choice<br>ERVICE<br>SERVICE RENDERED AS:<br>Outpatient | Routine |

CONSULTATION NOTE #6262419

LOCAL TITLE: CONSULTATION REPORT
STANDARD TITLE: CONSULT
DATE OF NOTE: MAR 24, 2008@10:30 ENTRY DATE: MAR 24, 2008@10:31:10
AUTHOR: HOGG,JUDITH E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** CONSULTATION REPORT Has ADDENDA ***

SERVICE CONNECTED % - 60
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

AUTHOR & TITLE: | DATE:

ID #:_____ | ORGANIZATION:WILKES-BARRE VAMC | REG #:____ | LOC: ER (MIDNIGH

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN
[redacted] CONSULTATION SHEET
Standard Form 513 (Rev 9-77)
Phone: [redacted]

M319

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/24/2008 10:42
LOCAL TITLE: SW-GENERAL NOTE
STANDARD TITLE: SOCIAL WORK NOTE
VISIT: 03/24/2008 09:00 TBI HOGG 2HR CLINIC
Patient was seen today and completed an NSI 22. Completed NSI 22 was given to Dr. Hogg. No further social work intervention is needed at this time.

Signed by: /es/ BARBARA A REXER
Social Work Intern
03/24/2008 10:43

Cosigned by: /es/ ALAN KURLANSKY, LCSW, BCD
SCI/D COORDINATOR / CLINICAL SOCIAL WORKER
03/24/2008 11:51

M320

MEDICAL RECORD — Progress Notes

NOTE DATED: 03/24/2008 15:31
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 03/20/2008 13:30 ZZZMHC WEBSTER
Patient left a note stating that the hydroxyzine makes him fall asleep for 6 hours. Spoke with phone by phone today at 1530. He reported that he took two doses of hydroxyzine but it put him to sleep. Discussed with patient decreasing the dose to 10mg which he agreed to comply. He requested to have the new prescription of hydroxyzine mailed to his home. Will discontinue previous order for Hydroxyzine 25mg po bid prn for anxiety. Will place new order for Hydroxyzine 10mg po bid prn for anxiety to be mailed.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
03/24/2008 15:37

M321

MEDICAL RECORD Progress Notes

NOTE DATED: 03/31/2008 12:45
LOCAL TITLE: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
VISIT: 03/31/2008 11:30 NEURO(EEG)8TH FLR SILVER AREA
Job 03-49, MRC Approved 12-10-03

LASKOWSKI,STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient

Non-urgent, send standard no show letter.

Signed by: /es/ Florence Longmore, REEGT/RPSGT
registered eeg technologist
03/31/2008 12:46

M322

Progress Notes

MEDICAL RECORD

NOTE DATED: 03/31/2008 14:20
LOCAL TITLE: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
VISIT: 03/31/2008 13:00 PT-AMS/2ND FLR SILVER AREA
Job 03-49, MRC Approved 12-10-03

LASKOWSKI,STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient

Signed by: /es/ ERIK B PEARSON, MSPT
PHYSICAL THERAPIST
03/31/2008 14:21

M323

Progress Notes

MEDICAL RECORD

NOTE DATED: 03/31/2008 14:57
LOCAL TITLE: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
VISIT: 03/31/2008 10:30 ZZZMHC WEBSTER
Job 03-49, MRC Approved 12-10-03

LASKOWSKI,STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient

I was unable to reach the patient. Send URGENT NO SHOW letter.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
03/31/2008 14:58

03/31/2008 14:58 ADDENDUM STATUS: COMPLETED
Attempted to contact patient by phone at 1455 today about not showing for scheduled appointment with this writer today at 1030.

I was unable to speak to patient. No answering machine.
Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
03/31/2008 14:58

M324

Progress Notes

MEDICAL RECORD

NOTE DATED: 04/01/2008 15:07
LOCAL TITLE: TLCP OIF/OEF
STANDARD TITLE: OEF/OIF TELEPHONE ENCOUNTER NOTE
VISIT: 04/01/2008 15:07 TLCP OIF/OEF
PT WAS CALLED CONCERNING A NO SHOW APPT ON 3/31/08 WITH DR WBRSTER IN MHC. PT NOT HOME AND HAS NO ANSWERING MACHINE UNABLE TO LEAVE A MESSAGE.

Signed by: /es/ MARY C REEDY
LPN
04/01/2008 15:09

Receipt Acknowledged By: /es/ Colleen M. Kaskel, MSN, RN
Acting OIF/OEF Program Coordinator
04/01/2008 15:13

04/01/2008 15:12 ADDENDUM STATUS: COMPLETED
PT ALSO MISSED APPOINTMENTS WITH EEG WITH FLORENCE LONGEMORE AND PT AMS WITH ERIC PERISON.

Signed by: /es/ MARY C REEDY
LPN
04/01/2008 15:16

Receipt Acknowledged By: /es/ Colleen M. Kaskel, MSN, RN
Acting OIF/OEF Program Coordinator
04/01/2008 16:12

M325

Progress Notes

MEDICAL RECORD

NOTE DATED: 04/08/2008 14:12
LOCAL TITLE: SCANNED C&P
STANDARD TITLE: SCANNED NOTE
VISIT: 04/08/2008 14:12 FILEROOM
see vista imaging

Signed by: /es/ THOMAS R BROLLEY
04/08/2008 14:13

M326

MEDICAL RECORD

NOTE DATED: 04/11/2008 10:54
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 04/11/2008 10:54 TLCP BERWICK MHC
Patient left a message stating that both meds (most likely referring to low doses of hydroxyzine and Risperidone) prescribed are not working. Attempted to call his call back cell number 843-263-3829 twice today at about 1100 with operator indicating number is incorrect. Attempted to call his home # 570-489-7276 but was unable to speak with patient but left voicemail message to call back MH clinic.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
04/11/2008 11:01

M327

Progress Notes

MEDICAL RECORD

NOTE DATED: 04/21/2008 19:05
LOCAL TITLE: TLCP PSYCHOLOGY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 04/21/2008 19:05 TLCP PSYCHOLOGY
attempted to f/u with veteran on his interest in PTSD TX. Office/cell # listed is d/c and home number stated he no longer lives there, without forwarding number.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
04/21/2008 19:06

M328

Progress Notes

MEDICAL RECORD

NOTE DATED: 04/23/2008 13:44
LOCAL TITLE: TLCP SOCIAL WORK
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 04/23/2008 13:44 TLCP SOCIAL WORK SERVICE

Phone call made to veteran. He placed a phone call to Dr. Hwang, however, he is not available today, so this worker returned call. Veteran states that Dr. Hwang told him to call him if he needed Tramadol. Informed veteran that a psychiatrist would not prescribe it, but primary care would. Veteran states he is aware of this, but states that Dr. Hwang might remove the "red flag". He states that based on this primary care will not prescribe. It currently is not prescribed to him, but has been taking what he has left over. "I know I should not be taking it, but it takes away my PTSD symptoms". Offered veteran detox or rehab, but he refuses. "I am addicted to it, but the withdrawal has already passed, I just need it to take away my PTSD symptoms". Worked with veteran on issue from the past and how he broke into a pharmacy to get pain meds, he states, "no I'm not at that point, I would not do that". Advised veteran to call primary care, but he states he can't due to the flag and that they won't prescribe. Veteran denies any suicidal thoughts, and states other that the issue of the Tramadol, that things are going well. Will refer to Dr. Webster to call veteran. Veteran is aware of 24 hour services.

Signed by: /es/ RONALD J SIMON
Local Recovery Coordinator
04/23/2008 13:53

Receipt Acknowledged By: /es/ ROBERT B WEBSTER
PSYCHIATRIST
04/23/2008 15:44

04/23/2008 13:54 ADDENDUM STATUS: COMPLETED
Veteran has a new phone number, [redacted]
Signed by: /es/ RONALD J SIMON
Local Recovery Coordinator
04/23/2008 13:54

M329

MEDICAL RECORD — Progress Notes

NOTE DATED: 04/23/2008 16:12
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 04/23/2008 15:49 TLCP PSYCHIATRY
Spoke with Ron Simon today who reported speaking with Mr. Laskowski about his needing a refill on Tramadol. See Mr. Simon's note. Called and spoke with patient today at 1610. Patient reports that he has a new cell# (570-614-8885) and that he recently moved to a new address in Olyphant, PA.

Patient reported that he tried the Risperdal 0.5 mg for 2 weeks with no response and then he tried increasing it to one tablet, i.e., 1mg, on his own for 5 to 6 days with no response. He reported taking hydroxyzine 10mg but it was making him dizzy and then tried cutting it to half, i.e. 5mg, on his own but was still making him dizzy. He reported stopping both his hydroxyzine and Risperidone about 10 days ago. Advised patient to discontinue hydroxyzine and that since he tolerated the Risperidone he could increase the dose to 1mg po bid for his "ptsd symptoms". Reminded patient about his appointment with Dr. Thomas on 4/29/08 at 1030 which he thought was going to be with this writer. Advised patient to call the MH clinic to schedule appointment with this writer.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
04/23/2008 16:30

M330

Consult Request: Consult | Consult No.: 844909

Consultation Results #6371775 continued.

OUTPATIENT EEG REPORT

The EEG was performed with the patient in the alert, awake, drowsy, and sleep state.

Hyperventilation and photic stimulation were performed. The EKG lead is nonoperable.

A 20-channel EEG was performed according to the above technique. The study demonstrates awake and background rhythm of 9-10 Hz, posteriorly predominant alpha activity. Much of the anterior leads demonstrate high frequency and low amplitude beta activity, which may be related to medications, the patient is on clonazepam. The tracing demonstrates some eye movement artifact. No definite focal or epileptiform features are seen. The tracing slows during periods of presumed drowsiness and light sleep, photic stimulation and hyperventilation failed to provide significant further pathologic information.

During drowsiness, an occasional sharper wave form is seen, felt to represent a sharp transient . The technician reports brief sharp myoclonic-type discharges which are not focal and not repetitive and are not associated with any observable motor activity. Strict clinical correlation is required.

IMPRESSION:

No definite focal or epileptiform features.

Clinical correlation is required.

Basically, a normal EEG.

d- 4-29-2008 12:25 p.m.
t- 4-29-2008 3:00 p.m.
TA2
#140997

/es/ JOHN P FEERICK,MD,FAHA
Neurologist/Medical Svc
Signed: 04/30/2008 07:13

(Administrative Complete Comment)
Entered by: LONGMORE,FLORENCE - 03/10/2008 2:13 pm
Responsible Person: LONGMORE,FLORENCE
Entered at: WILKES-BARRE VAMC
SCHEDULED 3-24-08 AT 10AM TO CORRELATE WITH EXSISTING APPT.

(Added Comment)
Entered by: LONGMORE,FLORENCE - 03/13/2008 9:21 am
Responsible Person: LONGMORE,FLORENCE
Entered at: WILKES-BARRE VAMC
Moved to 3-31-08 to correlate with PT appt.

(Added Comment)
Entered by: LONGMORE,FLORENCE - 04/07/2008 10:15 am
Responsible Person: LONGMORE,FLORENCE
Entered at: WILKES-BARRE VAMC
Patient called he will like his EEG rescheduled to 4-29@ 9:30 to correlate with MHC and MRI appts, done.

M331

198-66-7220 01/26/197 CONSULTATION SHEET

MEDICAL RECORD | CONSULTATION SHEET Page 1 of 2

Consult Request: Consult | Consult No.: 844909

To: EEG-OUTPATIENT | Requested: 03/10/2008 2:06 pm
From: ZZZPATEL I PRICARE

Requesting Facility: WILKES-BARRE VAMC

Current Primary Care Provider: PATEL,INDUBHAI M
Current Primary Care Team: GENERAL MEDICINE

REASON FOR REQUEST: (Complaints and findings)
SERVICE CONNECTED % - 60

TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR
PERIOD OF SERVICE - PERSIAN GULF WAR

COMBAT SERVICE - NO
Is patient an OEF/OIF returnee? No

Reason for Request: 30 y/o male with seizure on tramadol

PROVISIONAL DIAG: seizure

REQUESTED BY:
PATEL,INDUBHAI M
STAFF PHYSICIAN, PRIMARY CARE
(Pager: 272)
(Phone: 4885)

PLACE:
Consultant's choice

SERVICE RENDERED AS:
Outpatient

URGENCY:
Routine

******* Unknown Significant Findings *******

CONSULTATION NOTE #6371775

LOCAL TITLE: CONSULTATION REPORT
STANDARD TITLE: CONSULT
DATE OF NOTE: APR 29, 2008@09:30 ENTRY DATE: APR 29, 2008@15:49:50
AUTHOR: FEERICK,JOHN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SERVICE CONNECTED % - 60
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

CONSULTATION #844909

DATE OF EXAMINATION: April 29, 2008

AUTHOR & TITLE: M332 | DATE:

ID #:_____ | ORGANIZATION:WILKES-BARRE VAMC | REG #:____ | LOC: ZZZPATEL I

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN
[redacted] CONSULTATION SHEET
Standard Form 513 (Rev 9-77)
Phone: [redacted]

MEDICAL RECORD Progress Notes

NOTE DATED: 04/29/2008 10:45
LOCAL TITLE: NSG NURSING NOTE(T)
STANDARD TITLE: NURSING NOTE
VISIT: 04/29/2008 10:30 THOMAS PRIMARY/30
Vital Signs:

TEMPERATURE: 99.3 F [37.4 C] (04/29/2008 10:41)
PULSE: 75 (04/29/2008 10:41)
RESPIRATION: 20 (04/29/2008 10:41)
BP: 118/75 (04/29/2008 10:41)
PAIN: 6 (04/29/2008 10:41)

DATA: PT HERE TODAY W/COMPLAINTS OF #6 PAIN IN UPPER BACK. ALERT & COOPERATIVE.

ASSESSMENT: HEALTH SEEKING BEHAVIOR

PLAN: TO SEE DR THOMAS
Influenza Immunization:
Influenza Information
The patient refused administration of the influenza vaccine at this time.

Signed by: /es/ Cheryl A OMalley, LPN
LPN Staff Nurse
04/29/2008 10:50

M333

MEDICAL RECORD — Progress Notes

NOTE DATED: 04/29/2008 11:18
LOCAL TITLE: MED GENERAL NOTE
STANDARD TITLE: PRIMARY CARE NOTE
VISIT: 04/29/2008 10:30 THOMAS PRIMARY/30
Patient is scheduled in my clinic by error and the Dr. Patel is the PCP for this patient. The veteran is not aware why he is in my clinic. He is advised to schedule an appointment with Dr. Patel for f/u and the clerks at the front desk was advised to schedule this appointment.

Signed by: /es/ JUSTIN THOMAS, MD
STAFF PHYSICIAN BEHAVIORAL SVCS
04/29/2008 11:21

M334

Consult Request: Consult

Consult No.: 863583

Consultation Results #6378328 continued.

evaluation. Your last note indicated he had cervical strain, treated with Tylenol #3 and capascin cream. If consult is necessary, please obtain appropriate imaging first and clearly delineate nature of his pain problems and how we can assist you.

/es/ STEPHEN A SCHARDING, PA-C
PHYSICIAN ASSISTANT
Signed: 05/01/2008 11:14

Receipt Acknowledged By:

| | | |
|---|---|---|
| 05/02/2008 09:24 | /es/ | NABEELA Z MIAN, M.D.<br>CHIEF, RHEUMATOLOGY/MEDICAL SERVICE |
| 05/01/2008 11:15 | /es/ | MICHAEL J SURDY<br>PHARMD. |
| 05/02/2008 14:25 | /es/ | MICHAEL Y HWANG<br>Chief, Mental Health |
| 05/01/2008 15:06 | /es/ | INDUBHAI M PATEL, MD<br>STAFF PHYSICIAN, PRIMARY CARE |

M335

MEDICAL RECORD | CONSULTATION SHEET Page 1 of 2

Consult Request: Consult | Consult No.: 863583

To: PAIN EVALUATION CLINIC-OUTPATIENT
From: ZZZPATEL I PRICARE | Requested: 04/29/2008 1:16 pm

Requesting Facility: WILKES-BARRE VAMC

Current Primary Care Provider: PATEL,INDUBHAI M
Current Primary Care Team: GENERAL MEDICINE

REASON FOR REQUEST: (Complaints and findings)
SERVICE CONNECTED % - 60

TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

COMBAT SERVICE - NO
Is patient an OEF/OIF returnee? No

Reason for Request: 30 y/o male with chronic neck shoulder pain, body ache,
please evaluate
and advise.

PROVISIONAL DIAG: neck pain /bodyache/shoulder pain

| REQUESTED BY: | PLACE: | URGENCY: |
|---|---|---|
| PATEL,INDUBHAI M<br>STAFF PHYSICIAN, PRIMARY CARE<br>(Pager: 272)<br>(Phone: 4885) | Consultant's choice<br><br>SERVICE RENDERED AS:<br>Outpatient | Routine |

CONSULTATION NOTE #6378328

LOCAL TITLE: CONSULTATION REPORT
STANDARD TITLE: CONSULT
DATE OF NOTE: MAY 01, 2008@11:10 ENTRY DATE: MAY 01, 2008@11:10:42
AUTHOR: SCHARDING,STEPHEN A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SERVICE CONNECTED % - 60
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

Pt's chart was reviewed, I am unable to ascertain the nature of this vets pain. If you feel if from his neck, it would require an MRI C Spine prior to PEC assessment. If it from his shoulder, he should have imaging and possible ortho

AUTHOR & TITLE: | DATE:

ID #:_____ | ORGANIZATION:WILKES-BARRE VAMC | REG #:____ | LOC: ZZZPATEL I

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN
[redacted]
CONSULTATION SHEET
Standard Form 513 (Rev 9-77)
Phone: [redacted]

M336

MEDICAL RECORD — Progress Notes

NOTE DATED: 05/06/2008 18:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 05/06/2008 18:30 PSYCH DOOLEY II

D: The veteran attended a fifty minute follow-up assessment/psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder employing use of diagnostic and ventilative procedures.

The veteran relays that he has, since last contact with writer moved out to his own residence with his family. He indicates that he continues to receive individual supportive counseling at Scranton Vet Center. He described the content of the treatment as primarily supportive and ventilative. He denied that there was any specific protocol or agenda in the treatment. He also relayed that he discontinued attendance at group psychotherapy there approximately one month ago due to conflict in his wife's work schedule and the veteran's need to remain home with the kids.

Discussed with veteran potential future treatment planning. Advised veteran of availability of time limited trauma focused treatment delivered on an individual. Recommended to veteran cognitive processing therapy due to his recency of substance dependence and potential for relapse. The veteran stated that he will need to determine with other family resources whether he can come for weekly sessions for an approximately twelve week period as he would need someone to watch the children when he comes for his appointment. Provided veteran with potential schedule openings so that he can plan his schedule and contact writer as soon as he is aware of his availability. Advised veteran of continuing availability of post deployment stress classes. The veteran states that he continues to be interested but is unable to attend due to scheduling & transportation issues.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate current suicidal ideation, homicidal ideation, auditory or visual hallucinations. His speech was logical, coherent, and sequential. His insight seemed fair with good judgment.

Diagnosis: Post-traumatic stress disorder.

Treatment Plan: Writer will await contact from veteran regarding his decision whether to proceed with time limited trauma focused treatment using cognitive processing therapy and his schedule availability.

D-05/06/2008 07:15 P.M.
T-05/07/2008 04:19 P.M. TA6 143434

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
05/30/2008 16:06

05/30/2008 16:06 ADDENDUM STATUS: COMPLETED
on 5/30/08 veteran left message stating schedule availability and willingness to proceed with CPT. Phoned veteran and confirmed NA appt on 6/5/08 @ 430pm.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
05/30/2008 16:07

M337

Progress Notes

MEDICAL RECORD

NOTE DATED: 05/13/2008 15:49
LOCAL TITLE: SCANNED TBI CERTIFICATION LETTER
STANDARD TITLE: SCANNED NOTE
VISIT: 05/13/2008 15:49 FILE ROOM
VistA Imaging - Scanned Document

Signed by: /es/ ALICE M TOMSHAW
Secretay Rehb and Prosthetics
05/13/2008 15:50

M338

MEDICAL RECORD Progress Notes

NOTE DATED: 05/21/2008 13:11
LOCAL TITLE: ORGAN DONOR
STANDARD TITLE: PATIENT RECORD FLAG
VISIT: 05/21/2008 13:11 FILEROOM
Inactivate flag.

Signed by: /es/ SUSAN E MCGEEHAN
DETAILS CLERK
05/21/2008 13:11

M339

MEDICAL RECORD — Progress Notes

NOTE DATED: 06/03/2008 12:44
LOCAL TITLE: SCANNED TBI DOCUMENTS
STANDARD TITLE: SCANNED REPORT
VISIT: 06/03/2008 12:44 file
VistA Imaging - Scanned Document

Signed by: /es/ ALICE M TOMSHAW
Secretay Rehb and Prosthetics
06/03/2008 12:44

M340

MEDICAL RECORD — Progress Notes

NOTE DATED: 06/05/2008 16:24
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 06/12/2008 16:30 PSYCH DOOLEY II
Notified by MHC clerk that veteran CX today's appt due to need for babysitter. veteran is already rescheduled.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
06/05/2008 16:25

M341

MEDICAL RECORD — Progress Notes

NOTE DATED: 06/19/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 06/19/2008 16:30 PSYCH DOOLEY II

D: The veteran was scheduled for a 60-minute psychotherapy session on his service connected diagnosis of post-traumatic stress disorder. However, he arrived 30 minutes late. This session employed use of motivational interviewing and relaxation training interventions.

The veteran began by apologizing for cancelling recent appointments with writer due to circumstances with family and transportation. I discussed with veteran his future availability to continue with recommended cognitive processing therapy protocol. The veteran indicates that he will be available to attend those appointments and looks forward to beginning treatment. I discussed with veteran the need for additional trauma history taking and potential use of motivational interviewing to prepare him for that protocol. The veteran expressed understanding and agreement. I provided veteran with additional information on treatment protocol, expectations, and cautions.

I introduced veteran to mindfulness and relaxation training exercise as well as grounding exercise to be used with mindfulness skills. I performed techniques with veteran for demonstration. I advised veteran to follow therapeutic protocols. I provided veteran with hand outs describing use of techniques for training purposes. The veteran expressed understanding and agreement with all above recommendations.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His insight and judgment seemed good. His speech was logical, coherent, and sequential.

Diagnosis: Post-traumatic stress disorder.

Treatment Plan: The veteran agreed to attend individual outpatient psychotherapy using cognitive processing protocol. He continues to indicate that he is unavailable for attendance at post-deployment stress classes due to transportation issues. The next individual contact will follow up with veteran's use of therapeutic prescriptions instructed above as well as trauma history taking and motivational interviewing in preparation for time limited treatment.

D: 6/20/08 2:16P T: 6/21/08 T16 #157144

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
06/26/2008 16:26

M342

Progress Notes

MEDICAL RECORD

NOTE DATED: 06/20/2008 08:49
LOCAL TITLE: SCANNED TBI DOCUMENTS
STANDARD TITLE: SCANNED REPORT
VISIT: 06/20/2008 08:49 file
VistA Imaging - Scanned Document

Signed by: /es/ ALICE M TOMSHAW
Secretay Rehb and Prosthetics
06/20/2008 08:49

M343

MEDICAL RECORD — Progress Notes

NOTE DATED: 06/26/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 06/26/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a sixty minute psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder employing diagnostic interviewing, coping skills training and ventilative procedures.

Followed up with veteran on his use of therapeutic prescriptions instructed to date to include: mindfulness, relaxation training and grounding exercises. Performed techniques with veteran. Veteran demonstrated modest proficiency in use of mindfulness, relaxation training techniques, greater proficiency in use of grounding. Supported veteran in continued use of these techniques for training purposes to strengthen their availability and usefulness in coping. Veteran expressed understanding and agreement with this recommendation.

Trauma History Taking:

Interviewed veteran in detail for trauma history hierarchy. The veteran identified several memories of potential trauma as well as an associated nightmare. The memory that appears to be currently highest for frequency and severity of symptoms of re-experiencing he refers to as "Ybanna." The veteran was able to process memory for sensory, affect, physiological, negative cognition, SUD and focal picture. The veteran also processed a second memory of trauma in hierarchy that he refers to as "brains." Veteran was able to identify focal picture, sensory, affective, physiological, SUD and negative cognitions associated with this memory. The veteran also identifies an associated nightmare that he has been experiencing frequently since returning home from deployment associated with this last traumatic memory of similar theme. Processed nightmare with veteran for associated qualities, affective components and possible relationship to maladaptive cognitions. The veteran seemed receptive to trauma history processing and did not demonstrate significant disturbance during this portion of contact.

Discussed with veteran further need for preparation with likely use of final motivation interview next contact to strengthen veteran's engagement in this treatment. Veteran expressed understanding and agreement.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory of visual hallucination. His speech was logical, coherent and sequential. His insight seemed fair with good judgment.

Diagnosis: Post-traumatic stress disorder

Treatment Plan: The veteran agreed to continued individual outpatient psychotherapy in preparation for use of cognitive processing protocol. The next individual contact will follow-up on veteran's use of therapeutic prescriptions as well as final motivational interviewing in preparation for use of cognitive processing protocol.

D- 6/27/08 11:55
T- 6/28/08 12:07
T24
Job # 159083

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
07/03/2008 16:29

M344

MEDICAL RECORD — Progress Notes

NOTE DATED: 06/30/2008 15:54
LOCAL TITLE: SCANNED TBI CERTIFICATION LETTER
STANDARD TITLE: SCANNED NOTE
VISIT: 06/30/2008 15:54 file
VistA Imaging - Scanned Document

Signed by: /es/ ALICE M TOMSHAW
Secretay Rehb and Prosthetics
06/30/2008 15:54

07/01/2008 14:18 ADDENDUM STATUS: COMPLETED
VistA Imaging Scanned Document - Addendum.
cert letter return receipt 7/1/08
Signed by: /es/ ALICE M TOMSHAW
Secretay Rehb and Prosthetics
07/17/2008 14:19

M345

MEDICAL RECORD — Progress Notes

NOTE DATED: 07/03/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 07/03/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a sixty minute psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder employing relaxation training, mindfulness and motivational interviewing interventions.

Followed up with veteran on his use of therapeutic prescriptions instructed to date. He indicated that he has been using grounding on a regular basis to strengthen affective regulation primarily due to decreased frequency of re-experiencing symptoms. He indicated that he has used the mindfulness and relaxation training exercise intermittently. Reviewed exercises with veteran, supported veteran in increasing frequency of use of these exercises so that they can be habituated. Veteran expressed understanding and agreement.

Initiated formal motivational interview with veteran. The veteran proceeded through interview demonstrating increased insight and awareness into functional impairment caused by his post-traumatic stress disorder symptoms and its effect upon himself and others in multiple areas of functioning. The veteran commented that he found the exercise to be insight and motivation building and that he is looking forward to beginning the cognitive processing therapy protocol.

Advised veteran that CPT protocol will begin next contact. Veteran expressed understanding and agreement.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate current symptoms consistent with suicidal ideation, homicidal ideation, auditory or visual hallucinations. His speech was logical, coherent and sequential. His insight and judgment seemed good.

Diagnosis: Post-traumatic stress disorder

Treatment Plan: The veteran agrees to attend follow-up appointments with writer using cognitive processing therapy on his post-traumatic stress disorder symptoms. The CPT protocol will begin with first session next contact.

Therapeutic Goal: Reduction in the frequency and severity of the veteran's reported symptom complaints.

D- 7/3/08 5:34
T- 7/4/08 8:04
T24
Job # 160840

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
07/10/2008 16:15

M346

07/10/2008 09:03 ** CONTINUED FROM PREVIOUS PAGE **

/es/ ALAN KURLANSKY, LCSW, BCD
SCI/D COORDINATOR / CLINICAL SOCIAL WORKER
07/10/2008 09:12

M347

MEDICAL RECORD — Progress Notes

NOTE DATED: 07/09/2008 18:56
LOCAL TITLE: MED NEUROLOGY NOTE
STANDARD TITLE: NEUROLOGY NOTE
VISIT: 07/09/2008 10:30 TBI HOGG 2HR CLINIC
The patient comes in to discuss his neuropsych testing results. The psychologist did not find that the patient had any evidence of cognitive dysfunction. See copy of results in Vista imaging. Results were discussed with the patient. The patient reports that he still has hearing difficulties, but audiology evaluation was essentially negative. The patient is able to hear the tuning fork in each ear (128 cps). Air conduction was better than bone conduction, and Weber was mid-line.

The patient was encouraged to keep his appointments for treatment of PTSD, and he agreed that he would. OK to discharge from TBI Clinic. Follow-up in Neurology as needed.

Signed by: /es/ JUDITH E HOGG
Staff Neurologist
07/09/2008 19:01

07/10/2008 09:03 ADDENDUM STATUS: COMPLETED
Plan:
1. D/C from TBI clinic - No evidence of TBI
2. F/U with Neuro prn
3. Continue f/u with MHC for PTSD
4. Continue f/u with PCP for other dx
Goal:
1,2,3,4 Medical & Pysch mgmt
Signed by: /es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
07/10/2008 09:07

Receipt Acknowledged By: /es/ Karen L. Berkheiser, RN BSN
OEF/OIF RN Case Manager
07/10/2008 13:53

Receipt Acknowledged By: /es/ JUDITH E HOGG
Staff Neurologist
07/10/2008 09:41

Receipt Acknowledged By: /es/ JENNIFER E PIERCE, PA-C
Physician Assistant
07/10/2008 11:28

Receipt Acknowledged By: /es/ A C GERMAIN-TUDGAY
Supervisor, PMR/ASP
07/16/2008 08:09

Receipt Acknowledged By: /es/ Patricia L. Farrell, Psy.D.
Clinical Psychologist
07/15/2008 09:21

Receipt Acknowledged By: /es/ ERIK B PEARSON, MSPT
PHYSICAL THERAPIST
07/10/2008 12:50

Receipt Acknowledged By: /es/ MAURA E BANFORD
OCCUPATIONAL THERAPIST
07/10/2008 14:39

Receipt Acknowledged By: /es/ Colleen M. Kaskel, MSN, RN
Acting OIF/OEF Program Coordinator
07/14/2008 08:49

Receipt Acknowledged By:** THIS NOTE CONTINUED ON NEXT PAGE **

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Outpatient Medication Review
No change in current medication at this clinic visit. Patient verbalizes understanding of current medication regimen.

Signed by: /es/ JUDITH E HOGG
Staff Neurologist
07/09/2008 19:02

M349

07/09/2008 19:01 ** CONTINUED FROM PREVIOUS PAGE **

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/4/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/17/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET
AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE
1 OR 2 TABS

OPT METHYLPREDNISOLONE 4 MG TABLETS..DOSEPAK (EXPIRED/7 Days Supply Last Released: 2/15/08)
TAKE TABLET(S) BY MOUTH AS DIRECTED ON DOSE PACK

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last Released: 12/14/07)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 1 MG (EXPIRED/30 Days Supply Last Released: 3/20/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR MOOD STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/26/08)
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR
PAIN

OPT TRAZODONE 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD
** THIS NOTE CONTINUED ON NEXT PAGE **



M350

NOTE DATED: 07/09/2008 19:01
LOCAL TITLE: PROVIDER MEDICATION RECONCILIATION NOTE
STANDARD TITLE: E & M NOTE
VISIT: 07/09/2008 10:30 TBI HOGG 2HR CLINIC
PROVIDER Med Reconciliation:

07/09/2008 19:01
********** CONFIDENTIAL UAP SUMMARY pg. 1
**********
LASKOWSKI,STANLEY P III

---------- BADR - Brief Adv React/All
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Allergy/Reaction: TRAMADOL

---------- AJEY UAP PHARMACY PROFILE
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Alphabetical list of all prescriptions, inpatient orders and Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatient order
Non-VA Meds Last Documented On: ** Data not found **

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OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED
Last Released: 7/8/08 Days
Supply: 30 Rx Expiration Date: 12/6/08 Refills
Remaining: 0

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA
Last Released: 6/5/08 Days
Supply: 30 Rx Expiration Date: 6/6/09 Refills
Remaining: 3

OPT HYDROXYZINE 10MG TABLET
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY
Last Released: 4/7/08 Days
Supply: 30 Rx Expiration Date: 3/25/09 Refills
Remaining: 2

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08 Days
Supply: 90 Rx Expiration Date: 6/6/09 Refills
Remaining: 2

OPT RISPERIDONE 2 MG
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION
Last Released: 4/26/08 Days
Supply: 30 Rx Expiration Date: 4/24/09 Refills
Remaining: 2

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Other medications previously dispensed in the last year:

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Notes

NOTE DATED: 07/10/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 07/10/2008 16:30 PSYCH DOOLEY II

D: The veteran attended his first session of cognitive processing therapy for his service-connected diagnosis of post-traumatic stress disorder.

The veteran commented that his parole officer requires documentation of this treatment. Advised the veteran to have printed copy of this contact note provided to him by patient records by way of releasing information office. The veteran expressed understanding and agreement.

This treatment is a time limited intervention intended to spend approximately twelve one hour sessions provided weekly in an effort to aid veteran in his ongoing recovery from his post-traumatic symptom complaints.

An overview of post-traumatic stress disorder symptoms and a cognitive explanation of the development and maintenance of post-traumatic stress disorder was presented. A related rationale for treatment was provided including the use of cognitive restructuring to alleviate stuck points that prevent the patient from more fully emotionally processing the traumatic event. The patient provided a brief description of his most traumatic event.

The patient was given an assignment to write a one page impact statement describing the impact of his traumatic experiences on his thoughts and beliefs about himself, others & the world.

A: The veteran displayed mildly anxious mood with restricted affect. He appeared lethargic. The veteran cited disruption in his child's sleep pattern resulting in attention needed by veteran and his own resulting sleep deficit. He denied and did not demonstrate symptoms consistent with current suicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to attend follow up appointments with writer using cognitive processing therapy protocol on his post-traumatic stress symptoms.

The next individual contact with veteran will follow up with his completion of written impact statement and beginning identification of stuck points, additional review of cognitive errors and post-traumatic stress disorder symptoms, information processing theory, treatment rationale. Discussion of basic emotions, combined emotions with physiological and cognitive correlates, misattributions and self talk, as well as introduction of A-B-C worksheets to instruct veteran on cognitive restructuring interventions.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 07/10/2008 5:34 PM
T: 07/11/2008 T28 162577

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
07/17/2008 16:38

M352

Progress Notes

MEDICAL RECORD

NOTE DATED: 07/11/2008 10:46
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 07/11/2008 10:46 TLCP PSYCHIATRY
Patient left a message with clerical staff requesting a return call from this writer about medications?

Spoke with patient by phone today at 1045. Patient expressed interest in trying Depakote for his "PTSD, migraine". Reminded patient that this writer recommended Divalproex ER, which is the same as Depakote, last March but patient at that time complained of side effects from Divalproex ER including headaches, cramping above the kidney and dark urine. He admitted to stopping Hydroxyzine and Risperidone a month ago due to drowsiness.

Will discontinue order for Risperidone and Hydroxyzine as patient stopped taking them on his own. Advised patient to call the MH clinic to schedule appointment to discuss psychotropic medications that would be indicated for his symptoms which he agreed to do.

Signed by: /es/ ROBERT B WEBSTER
PSYCHIATRIST
07/11/2008 11:00

M353

MEDICAL RECORD — Progress Notes

NOTE DATED: 07/17/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 07/17/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the second session of CPT for the veteran's post-traumatic stress disorder. The patient arrived having completed the practice related to writing an impact statement describing the impact of his traumatic experience on his thoughts and beliefs about himself, others, and the world. We discussed the assignment in session with an emphasis on identifying stuck points in his thinking that interfere with recovery. The relationships amongst thoughts, feelings, and behaviors were reviewed. An example from his discussion about the impact of his trauma on his life was used to illustrate the cognitive model. The patient agreed to complete A-B-C worksheets daily to monitor his thoughts, feelings, and behaviors until the next session.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to continue attending follow up appointments using cognitive processing therapy protocol.

The next individual contact with veteran will include a review of his completed worksheets for differentiating between thoughts and feelings, discussion of a completed worksheet related to the index event, introduction of the trauma account assignment.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 07/18/2008 11:49 AM
T: 07/18/2008 T28 164696

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
07/24/2008 16:23

M354

Progress Notes

MEDICAL RECORD

NOTE DATED: 07/24/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 07/24/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the third session of CPT for post-traumatic stress disorder. The veteran arrived having completed A-B-C worksheets daily identifying his thoughts, feelings, and behaviors. These worksheets were used to further illustrate the relationship among thoughts, feelings, and behaviors of daily events. Specifically, the veteran had produced worksheets on two traumatic memories mentioned in earlier notes. One of which is primary focus for this treatment protocol entitled "Ybanna." Some initial challenging of dysfunctional thoughts was introduced.

The session concluded with the assignment to write about the most traumatic event the patient has experienced and to include as many sensory and emotional details as possible, daily monitoring of thoughts, feelings, and behaviors will continue.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

The veteran appears to demonstrate a proclivity for cognitive behavioral interventions and appears to have taken to cognitive restructuring exercises quite well.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to continue attending cognitive processing therapy on individual basis.

The next individual contact with veteran will have him read full trauma account aloud with affective expression, identification of stuck points, challenging of stuck points (i.e. self blame and other assimilations), explaining difference between responsibility and blame.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 07/24/2008 5:58 PM
T: 07/25/2008 T28 166572

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/21/2008 16:30

M355

Receipt Acknowledged By: /es/ ARUNA BHATIA
ASST CHIEF BEHAVIORAL MEDICINE
07/28/2008 16:38

Receipt Acknowledged By: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/04/2008 16:52

M356

07/28/2008 16:11 ** CONTINUED FROM PREVIOUS PAGE **

AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/7/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE
1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last Released: 12/14/07)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 1 MG (EXPIRED/30 Days Supply Last Released: 3/20/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR MOOD STABILIZATION

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/26/08)
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/26/08)
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR
PAIN

OPT TRAZODONE 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME MAY START AT 1/2 TAB

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

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Outpatient Medication Review
No change in current medication at this clinic visit. Patient verbalizes understanding of current medication regimen.

Signed by: /es/ ALAN L BRYSKI, PA-C
Physician Assistant
07/28/2008 16:23** THIS NOTE CONTINUED ON NEXT

MEDICAL RECORD Progress Note

07/28/2008 16:11 ** CONTINUED FROM PREVIOUS PAGE **

SEP 11,2008@16:30 PSYCH DOOLEY II (1ST FLR MHC SILVER AREA)

Call as necessary and return to clinic prn.
PROVIDER Med Reconciliation:

07/28/2008 16:21
********** CONFIDENTIAL UAP SUMMARY pg. 1
**********
LASKOWSKI,STANLEY P III

---------- BADR - Brief Adv React/All
----------

Allergy/Reaction: TRAMADOL

---------- AJEY UAP PHARMACY PROFILE
----------

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Alphabetical list of all prescriptions, inpatient orders and Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatient order
Non-VA Meds Last Documented On: ** Data not found **

---

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED
Last Released: 7/8/08 Days
Supply: 30 Rx Expiration Date: 12/6/08 Refills
Remaining: 0

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA
Last Released: 6/5/08 Days
Supply: 30 Rx Expiration Date: 6/6/09 Refills
Remaining: 3

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08 Days
Supply: 90 Rx Expiration Date: 6/6/09 Refills
Remaining: 2

---

Other medications previously dispensed in the last year:

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/4/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply
Last Released: 3/17/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Note

NOTE DATED: 07/28/2008 16:11
LOCAL TITLE: PSYCHIATRY GENERAL NOTE
STANDARD TITLE: PSYCHIATRY NOTE
VISIT: 07/28/2008 14:30 ZZZMHC BROWN
Chief Complaint: "Ill see, smell, or hear something and go into a heightened sense for 3-4 hours"...feeling as if he's back in Iraq.

Subjective: 30 y/o cooperative, pleasant white male presents with the above problem as well as difficulty sleeping. He has been tried on multiple medications without resolution. His sleep is disturbed approximately 3 times per week, then sleeps the next day. This effects his ability to watch his 3 children, ages 1, 3, and 6. He has had side effects from all medications that were prescribed to help his insomnia, and is requesting Ambien since he believes this is the only medication that has been effective in the past without side effects. On reviewing his history, the patient has abused mixed illicit substances in the past. He is currently not suicidal or homicidal, and has a good relationship with Dr. Dooley, who is following him for PTSD.

Vital Signs:
TEMPERATURE: 99.3 F [37.4 C] (04/29/2008 10:41)
PULSE: 77 (07/09/2008 10:46)
RESPIRATION: 18 (07/09/2008 10:46)
BLOOD PRESSURE: 116/73 (07/09/2008 10:46)
PAIN: 0 (07/09/2008 10:46)

Mental Status: Alert and oriented x3. In good contact. Spontaneous, relevant and coherent. Mood neutral. Affect appropriate speech content. Eating well. No psychomotor retardation. Denied suicidal and homicidal ideation. No hallucinations delusions or loosening of association noted. Memory including recent, remote, immediate recall and judgement are not clinically impaired. Insight and motivation fair.

MEDICATION REVIEW: Active Outpatient Medications (including Supplies):

| | Active Outpatient Medications | Status |
|---|---|---|
| 1) | ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED | ACTIVE |
| 2) | CAPSAICIN 0.075% CREAM (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA | ACTIVE |
| 3) | MULTIVITAMIN TABLETS TAKE 1 TABLET BY MOUTH EVERY DAY | ACTIVE |

Allergies:
TRAMADOL

Assessment:
PTSD

No Service Connected problems treated

Plan: Continue current regimen.
Consulted with Dr. Bhatia: Ambien not on formulary and with patient's history of substance abuse he was offered Trazadone, Atarax, and Benadryl. Pt refuses based on failed past trials. He also refused several other sedative suggestions, such as Seroquel and Remeron. I will consult with Dr. Dooley in the near future for his input and call patient if an appropriate medication might help.

9 ** FUTURE APPOINTMENTS **

| DATE/TIME | CLINIC ( LOCATION ) |
|---|---|
| JUL 29,2008@13:00 | PATEL I NURSE PRE APT (1ST FLR NORTH GREEN AREA) |
| JUL 29,2008@13:20 | PATEL I PRICARE 1NORTH (1ST FLR NORTH GREEN AREA) |
| AUG 14,2008@16:30 | PSYCH DOOLEY II (1ST FLR MHC SILVER AREA) |
| AUG 21,2008@16:30 | PSYCH DOOLEY II (1ST FLR MHC SILVER AREA) |
| AUG 26,2008@17:00 | PSYCH DOOLEY II (1ST FLR MHC SILVER AREA) |
| SEP 4,2008@16:30 | PSYCH DOOLEY II (1ST FLR MHC SILVER AREA) |

** THIS NOTE CONTINUED ON NEXT PAGE **

Progress Notes

MEDICAL RECORD

NOTE DATED: 07/30/2008 15:03
LOCAL TITLE: TLCP MEDICINE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 03/10/2008 13:00 ZZZPATEL I PRICARE
discuss with pt pt reported to me that he was seen by outside physician Dr.Harasym 842-0945, pt reported to me that he is having headache also seen by neurologist outside possible migaine, pt was prescribed fioricet by outside physician Dr.Harasym, requesting from here, will refer to neurology for further advise and care.

Signed by: /es/ INDUBHAI M PATEL, MD
STAFF PHYSICIAN, PRIMARY CARE
07/30/2008 15:10

M360

MEDICAL RECORD Progress Note

NOTE DATED: 07/30/2008 16:09
LOCAL TITLE: AOPC TLCP MEDICINE
STANDARD TITLE: PRIMARY CARE TELEPHONE ENCOUNTER NOTE
VISIT: 07/28/2008 14:30 ZZZMHC BROWN
Spoke to patient briefly on the phone. I told him that I didn't have a chance to talk with Dr. Dooley about his medication request to aid sleep, since he is on vacation. During his appointment, Mr. Laskowski and I had discussed several alternatives to Ambien, since it is a benzodiazepine and he has a history of substance abuse. His sleep disturbance is long standing and I did not get the sense at his appointment on Monday that it was significantly changed over the past few months.

Signed by: /es/ ALAN L BRYSKI, PA-C
Physician Assistant
07/30/2008 16:16

Receipt Acknowledged By:
/es/ ARUNA BHATIA
ASST CHIEF BEHAVIORAL MEDICINE
07/30/2008 16:36

M361

MEDICAL RECORD

NOTE DATED: 08/01/2008 10:32
LOCAL TITLE: TLCP OIF/OEF
STANDARD TITLE: OEF/OIF TELEPHONE ENCOUNTER NOTE
VISIT: 08/01/2008 10:32 TLCP OIF/OEF
Data: Spoke with veteran regarding NoShow for Patel PCP. Vet aplogized for missing appt but stated he spoke with Dr. Patel via phone and vet's needs were met then ; therefore, vet did not need appt. Vet was reminded of my role as OEF/OIF Case Manager and informed to contact me if he needs assistance. Vet appreciative of call.

Signed by: /es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
08/01/2008 10:36

Receipt Acknowledged By: /es/ Karen L. Berkheiser, RN BSN
OEF/OIF RN Case Manager
08/04/2008 10:51

M362

MEDICAL RECORD — Progress Note

NOTE DATED: 08/04/2008 14:49
LOCAL TITLE: TLCP PSYCHIATRY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 08/04/2008 14:45 ZZZMHC BRYSKI

I spoke to Dr. Dooley today concerning this patients' request for Ambien. We discussed the patient's history of substance abuse and the fact that he remains on Tylenol #3 prn. He is suffering from PTSD with occasional nightmares. I then spoke to the patient and again discussed the need for Ambien. He stated that it has been the only medication that he has taken that doesn't leave him with a groggy feeling the next day. We discussed this class of medication and how they can lead to tolerance if taken regularly. He agreed to take the medication only as needed and was satisfied with obtaining 14 tablets to last him for a month. Will reevaluate him at the next clinic appointment.

Signed by: /es/ ALAN L BRYSKI, PA-C
Physician Assistant
08/04/2008 14:55

M363

MEDICAL RECORD — Progress Note

NOTE DATED: 08/05/2008 09:24
LOCAL TITLE: NSG CLINIC NOTE
STANDARD TITLE: NURSING OUTPATIENT NOTE
VISIT: 08/05/2008 09:00 KHAN NEUROLOGY
HEIGHT: 68 in [172.7 cm] (04/29/2008 10:41)
WEIGHT: 186 lb [84.5 kg] (04/29/2008 10:41)
BMI: BODY MASS INDEX - APR 29, 2008@10:41:56 28.3
BP: 116/73 (07/09/2008 10:46)
T: 99.3 F [37.4 C] (04/29/2008 10:41)
P: 77 (07/09/2008 10:46)
R: 18 (07/09/2008 10:46)
PAIN: 0 (07/09/2008 10:46)

MEDICATION ALLERGY: TRAMADOL
Pt states he has an allergy to:

DATA: Chief Complaint: THIS IS A NEW PT. FOR EVALUATION. STATES HE HAD 3 SEIZURES IN THE LAST
3 MONTHS. THE LAST SEIZURE WAS 7-4-08, HAS HAD HEADACHE SINCE THE SEIZURE ON THAT DAY.

ASSESSMENT:

PLAN: SEE DR.

Was education provided to the patient? No

Signed by: /es/ DONNA M POPROC
08/05/2008 09:26

M364

MEDICAL RECORD — Progress Note

08/05/2008 09:53 ** CONTINUED FROM PREVIOUS PAGE **

RECOMMENDATIONS:
1. I asked him to urgently start phenytoin because he is at high risk of seizures.
2. He was prescribed 300 mg of Dilantin, which he will start today. He will be getting 100-mg capsules, and he can take 3 at a time daily. A drug level is ordered for August 21, 2008. He is also followed by private physicians outside the VA including Dr. Harrison and Dr. Daduk, who is his family physician, as well as a neurologist. He will be seeing Dr. Daduk today.
3. To avoid duplication of care, I told him that we would provide him the medications prescribed by his private physicians, if they are appropriate. He will follow up with me in 3-4 months unless there is a problem, and then he can be seen earlier.

IAK/OSi/227200/1/08/08/2008 10:12:02/rc/D:08/05/2008
10:04:55/T:08/05/2008
13:04:04/VAJob#:2910091/IChartJob#32024060/25460639

Signed by: /es/ IQBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
08/08/2008 12:15

M365

NOTE DATED: 08/05/2008 09:53
LOCAL TITLE: MED NEUROLOGY NOTE
STANDARD TITLE: NEUROLOGY NOTE
VISIT: 08/05/2008 09:00 KHAN NEUROLOGY
CONSULT/PROCEDURE NUMBER: 896628

CHIEF COMPLAINT: Headaches and seizures.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old Iraq War veteran who had a concussion in 2003, when he got under friendly fire. He was unconscious for about 30 seconds. He has developed headaches since then. They are intractable daily headaches involving the whole head and associated with photophobia.

He has tried various medications in the past without much improvement. Currently, he is taking Fiorinal with codeine prescribed by a non-VA physician, Dr. Harrison, and this is the only drug that helps him on a p.r.n. basis. He has tried various other drugs including Fioricet, plain Fiorinal, Tylenol and other over-the-counter drugs including Motrin without any relief.

Another problem he has is recent-onset seizures. In February, May and July of this year, he had 3 generalized tonic-clonic seizures with tongue biting on 2 occasions. He has ascribed these seizures to his taking tramadol and Prozac, because every time he had a seizure he was at least on tramadol. On one occasion, he was on tramadol as well as on Prozac.

He has no family history of epilepsy, but has a family history of common migraines.

The veteran had an EEG, which was unremarkable and reviewed by Dr. Feerick. He had an MRI of the brain, he says, in April of this year, which was reported by him as unremarkable. We have that MRI report here available in the chart, which shows no evidence of any acute intracranial abnormality. This was done on April 29, 2008.

The veteran has some other medical problems including PTSD, hip pain, tobacco use disorder and polysubstance abuse. Current medications include butalbitol, zolpidem, acetaminophen and multivitamins. Recent labs are unremarkable, showing a normal white count and platelet count as well as normal liver function tests, BUN and creatinine. The veteran has not taken Dilantin for the last few weeks because he ran out of it. He was prescribed Phenytek, which is one single 300-mg capsule. There is no Dilantin level in our records here.

PHYSICAL EXAMINATION: He is alert, awake and oriented. Pupils are symmetric. He is physically appearing intact. He came late for the appointment, so detailed physical examination is deferred, but he has no complaints of any physical impairment, as such, other than headaches.

IMPRESSION:
1. NEW-ONSET SEIZURES, BY DEFINITION. HE HAS EPILEPSY. IT IS POSSIBLE THAT TRAMADOL AND PROZAC MAY BE RESPONSIBLE FOR HIS SEIZURES, AS THESE DRUGS ARE KNOWN TO REDUCE SEIZURE THRESHOLD; HOWEVER, THIS IS NOT CONCLUSIVE. WITH THE PATIENT BEING INVOLVED IN A CONCUSSION AS A SOLDIER, IT IS POSSIBLE THAT HIS SEIZURES MAY BE RELATED TO HEAD INJURY.
2. HEADACHES ARE PRESENT ON AN EVERYDAY BASIS AND HAVE BEEN RESISTANT TO OTHER DRUGS.
3. ALTHOUGH THE PATIENT HAS A HISTORY OF POLYSUBSTANCE ABUSE, IT AGAIN IS NOT CONCLUSIVE WHETHER HIS USE OF MEDICATIONS IS RELATED TO ABUSE OR IF IT IS HEADACHES; HOWEVER, HE IS COMPLAINING OF CHRONIC DAILY HEADACHES.
4. MRI HAS BEEN REPORTED NORMAL.

** THIS NOTE CONTINUED ON NEXT PAGE **



M366

Progress Notes

MEDICAL RECORD

08/05/2008 09:53 ** CONTINUED FROM PREVIOUS PAGE **

RECOMMENDATIONS:
1. I asked him to urgently start phenytoin because he is at high risk of seizures.
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3. To avoid duplication of care, I told him that we would provide him the medications prescribed by his private physicians, if they are appropriate. He will follow up with me in 3-4 months unless there is a problem, and then he can be seen earlier.

IAK/OSi/227200/0/08/05/2008 13:04:04/gz/D:08/05/2008
10:04:55/T:08/05/2008
13:04:04/VAJob#:2910091/IChartJob#32024060/25460639

Signed by: /es/ IQBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
08/07/2008 09:03

M367

Progress Notes

MEDICAL RECORD

NOTE DATED: 08/05/2008 09:53
LOCAL TITLE: MED NEUROLOGY NOTE
STANDARD TITLE: NEUROLOGY NOTE
VISIT: 08/05/2008 09:00 KHAN NEUROLOGY
CONSULT/PROCEDURE NUMBER:

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HISTORY OF PRESENT ILLNESS: This is a 30-year-old Iraq War veteran who had a concussion in 2003, when he got under friendly fire. He was unconscious for about 30 seconds. He has developed headaches since then. They are intractable daily headaches involving the whole head and associated with photophobia.

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IMPRESSION:
1. NEW-ONSET SEIZURES, BY DEFINITION. HE HAS EPILEPSY. IT IS POSSIBLE THAT TRAMADOL AND PROZAC MAY BE RESPONSIBLE FOR HIS SEIZURES, AS THESE DRUGS ARE KNOWN TO REDUCE SEIZURE THRESHOLD; HOWEVER, THIS IS NOT CONCLUSIVE. WITH THE PATIENT BEING INVOLVED IN A CONCUSSION AS A SOLDIER, IT IS POSSIBLE THAT HIS SEIZURES MAY BE RELATED TO HEAD INJURY.
2. HEADACHES ARE PRESENT ON AN EVERYDAY BASIS AND HAVE BEEN RESISTANT TO OTHER DRUGS.
3. ALTHOUGH THE PATIENT HAS A HISTORY OF POLYSUBSTANCE ABUSE, IT AGAIN IS NOT CONCLUSIVE WHETHER HIS USE OF MEDICATIONS IS RELATED TO ABUSE OR IF IT IS HEADACHES; HOWEVER, HE IS COMPLAINING OF CHRONIC DAILY HEADACHES.
4. MRI HAS BEEN REPORTED NORMAL.

** THIS NOTE CONTINUED ON NEXT PAGE **

[redacted] ULTATION SHEET

Progress Notes

MEDICAL RECORD

LASKOWSKI,STANLEY P III [redacted]

WILKES-BARRE VAMC
Pt Loc: OUTPATIENT

Printed:06/26/2009 16:51
Vice SF 509

M369

MEDICAL RECORD | CONSULTATION SHEET 

Consult Request: Consult | Consult No.: 898411

Consultation Results #6654233 continued.

DATE OF NOTE: AUG 05, 2008@10:35 ENTRY DATE: AUG 05, 2008@10:35:24
AUTHOR: CENCETTI,JOSEPH M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

SERVICE CONNECTED % - 100
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

please clarify fiorinal with codiene or fioricet with codiene, Either will be approved and also discontinue apap with codiene and inform pt not to use apap with codiene or fiorinal or fiorecet with codeine together Please enter prescription of which agent you want , ie fiorinal with codeine or fioricet with codien, thnaks.

/es/ JOSEPH M CENCETTI
PHARMD.
Signed: 08/05/2008 10:38

M370

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN

MEDICAL RECORD | CONSULTATION SHEET Page 1 of 2

Consult Request: Consult | Consult No.: 898411

To: PHARMACY NONFORMULARY REQUEST | Requested: 08/05/2008 9:53 am
From: KHAN NEUROLOGY

Requesting Facility: WILKES-BARRE VAMC

Current Primary Care Provider: PATEL,INDUBHAI M
Current Primary Care Team: GENERAL MEDICINE

REASON FOR REQUEST: (Complaints and findings)
SERVICE CONNECTED % - 100
TINNITUS 10% SC
BURSITIS 10% SC
BURSITIS 10% SC
LIMITED EXTENSION OF FOREARM 20% SC
MALUNION OF ANKLE 0% SC
SINUSITIS,FRONTAL,CHRONIC 10% SC
POST-TRAUMATIC STRESS DISORDER 100% SC
PERIOD OF SERVICE - PERSIAN GULF WAR

COMBAT SERVICE - NO
Is patient an OEF/OIF returnee? Yes

Reason for Request: Fioricet with codiene

THIS FORM IS USED TO REQUEST A NON-FORMULARY MEDICATION FOR CLINICAL USE FOR AN INDIVIDUAL PATIENT

SECTION A: Medication Requested (To be completed by Physician)
1. Generic name/strength/dosage form: Fiorinol with codeine
2. Trade name: as above
3. Diagnosis or medical problem to be treated: Intractable headaches
SECTION B: Justification (To be completed by Physician)
1. Reason for medical necessity: (choose one/document specific comments)
c. Therapeutic failure of all formulary alternatives: (specify agent(s) tried) Fiorinol/Fioricet/tylenol

2. Anticipated duration and location of therapy: (chose all that apply)
Chronic use, Outpatient clinic
3. Treatment goal/endpoint: Patient already taking it and it is the only
drug which helps,
prescribed by non VA physician-intractable headaches may be posttratumatic concussion related in Iraq.

PROVISIONAL DIAG: Intractable headaches

| | | |
|---|---|---|
| REQUESTED BY:<br>KHAN,IQBAL A<br>STAFF PHYSICIAN(NEUROLOGY)MEDICAL S<br>(Pager: 721)<br>(Phone: 4793) | PLACE:<br>Consultant's choice<br>RVICE<br>SERVICE RENDERED AS:<br>Outpatient | URGENCY:<br>Routine |

CONSULTATION NOTE #6654233

LOCAL TITLE: CONSULTATION REPORT
STANDARD TITLE: CONSULT

AUTHOR & TITLE: | DATE:

ID #:_____ | ORGANIZATION:WILKES-BARRE VAMC | REG #:____ | LOC: KHAN NEUROL

LASKOWSKI,STANLEY P III SERVICE CONNECTED 50% to 100% SC VETERAN
[redacted]
CONSULTATION SHEET
Standard Form 513 (Rev 9-77)

Phone: [redacted]

M371

Progress Notes

MEDICAL RECORD

NOTE DATED: 08/14/2008 11:23
LOCAL TITLE: TLCP PSYCHOLOGY
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 08/14/2008 11:23 TLCP DOOLEY
phoned veteran to f/u on today's cx by pt appt with writer. Left message on machine.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/14/2008 11:24

M372

Progress Notes

MEDICAL RECORD

NOTE DATED: 08/21/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 08/21/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the fourth session of the CPT protocol. The veteran arrived having completed his practice assignments relating to writing a detailed account of his most traumatic event and daily monitoring of thoughts, feelings, and behaviors. The patient demonstrated mild distress in this session when discussing his thoughts and feelings about the traumatic event, but seemed able to tolerate these emotions. The goal of this intervention is to increase his access to and expression of these feelings and to allow the natural resolution of them. The therapist used cognitive therapy strategies to challenge the patient's apparent dysfunctional interpretations about the event.

The session concluded with practice to write again about the most traumatic event the patient has experienced and to further elaborate on the sensory and emotional details. He agreed to include his thoughts and feelings while writing the account and to read the account daily.

A: The veteran displayed mildly anxious mood with restricted affect. His degree of affective expression seemed mild to moderate. However, he was describing feelings of guilt with associated physiological correlates. He did not demonstrate symptoms of agitation upon exit from session. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

Diagnosis: Post-traumatic stress disorder.

Treatment Plan: The veteran agrees to continued attendance at cognitive processing therapy on an individual basis.

The next individual contact with veteran will have the veteran reading his second trauma account aloud, helping him to identify differences between the first and second accounts, engaging veteran in challenging assumptions and conclusions that he has made after processing affect with particular focus on self blame, introduction of challenging questions worksheets.

Therapeutic Goal: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 8/21/08 5:31P
T: 8/24/08 T16 #174543

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
08/26/2008 17:00

M373

Progress Notes

MEDICAL RECORD

NOTE DATED: 08/26/2008 17:00
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 08/26/2008 17:00 PSYCH DOOLEY II

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the fifth session of CPT for PTSD.

The veteran arrived, having completed his practice assignment related to rewriting his traumatic event including further elaboration and inclusion of his current thoughts and feelings. He appeared able to experience the associated affect and the stresses related to them seemed decreased since the last session. He also commented on improved ability to complete the assignment, suggestive of decreased agitation during completion of exercise. Cognitions about self-blame and guilt was specifically targeted for cognitive restructuring. In addition, the challenging questions were introduced to the patient to aid his own challenge of dysfunctional and erroneous beliefs. The notion of stuck points was reviewed and the patient agreed to identify one stuck point each day to challenge with the aid of the challenging questions work-sheets. He also agreed to re-read the last written account of index event on a daily basis until the next contact.

A: The veteran displayed moderately anxious mood with restricted affect. He demonstrated mild agitation during reading of second account. He appeared able to self-soothe and exited session without observed agitation. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, and auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agreed to continued attendance at cognitive processing therapy on an individual basis.

The next individual contact with the veteran will include a review of challenging questions worksheets completed by the veteran, continuing of cognitive therapy on stuck points, introduction to patterns of problematic thinking worksheet.

THERAPEUTIC GOAL: A reduction in the frequency and/or severity of the veterans' reported symptom complaints.

D-08/26/08 18:07
T-08/28/08 11:13
TA31 175776

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
09/04/2008 16:30

M374

MEDICAL RECORD — Progress Notes

NOTE DATED: 09/04/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 09/04/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the sixth session of CPT.

The veteran arrived having completed his practice assignments related to challenging stuck points daily with aid of the challenging questions worksheet. Stuck points related to self-blame and hindsight bias were particularly targeted. Patterns of problematic thinking contributing to stuck point development continue to be targeted for restructuring. The patient appears to have developed a greater ability to challenge his dysfunctional and erroneous beliefs associated with his stuck points. Patterns of problematic thinking, for example minimization, exaggeration, and all or none thinking were introduced and examples from the patient's thinking about his traumatic event and life in general were used to illustrate these patterns. He agreed to identify examples of each problematic thinking pattern from his stuck points before the next session as well as continued re-reading of the last written account of the index event.

During processing of homework, veteran admitted that he had not been re-reading last written account of index event. He does report continued mild disturbance during the reading. Reminded veteran of need to habituate and Recommended veteran continue re-reading event, aloud if possible until next contact for further assessment. Veteran expressed understanding and agreement with this recommendation.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucinations. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agreed to continued attendance at cognitive processing therapy on an individual basis.

The next individual contact with the veteran will include a review of veteran's completed patterns of problematic thinking worksheets on stuck points, introduction of challenging beliefs worksheets with a trauma example, introduction of the first of five problem areas (safety) related to self and others.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 9/4/2008 5:33 PM
T: 9/6/2008 TA22 #178441

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
09/18/2008 16:28

M375

MEDICAL RECORD — Progress Note

09/08/2008 14:04 ** CONTINUED FROM PREVIOUS PAGE **

********

Outpatient Medication Review
A new medication is to be added after review of current medication profile at this clinic visit. See plan of care above. Patient verbalizes understanding of use of new medication(s).
Comment: Tylenol #3
Outpatient medications with doses or frequency changes. See Plan of Care above. Patient verbalizes understanding of medication dose or frequency changes.
A medication is to be discontinued during medication profile review at this clinic visit. See Plan of Care above. Patient verbalizes understanding of discontinuation of medication(s).
Comment: Fiorinol

Signed by: /es/ IQBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
09/08/2008 14:05

M376

09/08/2008 14:04 ** CONTINUED FROM PREVIOUS PAGE **

TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/17/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET
AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FIORINAL # 3 (30MG CODEINE) (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 8/11/08)
TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/7/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE
1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last Released: 12/14/07)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/26/08)
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/26/08)
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR
PAIN

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

OPT ZOLPIDEM 10 MG TAB (EXPIRED/30 Days Supply Last Released: 8/4/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED

**********
** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD Progress Note

NOTE DATED: 09/08/2008 14:04
LOCAL TITLE: PROVIDER MEDICATION RECONCILIATION NOTE
STANDARD TITLE: E & M NOTE
VISIT: 09/08/2008 13:40 KHAN NEUROLOGY
PROVIDER Med Reconciliation:

09/08/2008 14:04
********** CONFIDENTIAL UAP SUMMARY pg. 1
**********
LASKOWSKI,STANLEY P III

---------- BADR - Brief Adv React/All
----------

Allergy/Reaction: TRAMADOL

---------- AJEY UAP PHARMACY PROFILE
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Alphabetical list of all prescriptions, inpatient orders and Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatient order
Non-VA Meds Last Documented On: ** Data not found **

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OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA
Last Released: 6/5/08 Days Supply: 30
Rx Expiration Date: 6/6/09 Refills Remaining: 3

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08 Days Supply: 90
Rx Expiration Date: 6/6/09 Refills Remaining: 2

OPT PHENYTOIN 100MG (DILANTIN) CAP
TAKE THREE CAPSULES BY MOUTH EVERY DAY
Last Released: 8/5/08 Days Supply: 90
Rx Expiration Date: 8/6/09 Refills Remaining: 3

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Other medications previously dispensed in the last year:

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 7/8/08)
TAKE 2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT BUTALBITAL CPD & APAP TAB (DISCONTINUED/10 Days Supply Last Released: 7/31/08)
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN AND HEADACHE

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/4/08)

** THIS NOTE CONTINUED ON NEXT PAGE **

Signed by: /es/ IQBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
09/09/2008 08:39

M379

MEDICAL RECORD Progress Note

NOTE DATED: 09/08/2008 14:05
LOCAL TITLE: MED NEUROLOGY NOTE
STANDARD TITLE: NEUROLOGY NOTE
VISIT: 09/08/2008 13:40 KHAN NEUROLOGY

HISTORY OF PRESENT ILLNESS: This is a 30-year-old male who has history of seizures, as well as headaches. On last visit I had advised him to start phenytoin which was prescribed for prevention of seizures. Although his seizures may seem to be provoked seizures from the medications he has taken in the past including tramadol and antidepressants it seems like he may have epilepsy. He had seizures in February, May, and July of this year, the last one on July 4th. He ascribed these seizures to his taking tramadol and Prozac because every time he had a seizure he was at least on tramadol. At one time he was on tramadol, as well as on Prozac. There is no family history of epilepsy. EEG was unremarkable. MRI of the brain in April is reported unremarkable by him. ER doctor in Carbondale Hospital where he was taken after a seizure reported his seizures to department of transportation who has sent him a letter to be filled out by physician. He forgot to bring that to the office.

In the interim since I saw him last in August 2008 he saw Dr. Dhaduk who he knows from before who prescribed gabapentin for seizure protection or prophylaxis and advised him not to take phenytoin because of long-term side effects. Patient has not started that drug either yet.

He is saying he has had no seizures since July 4, 2008.

Another problem is his headaches and his bilateral hip pain which he says is related to his service related traumas and exercises et cetera, for which he says he takes Tylenol #3 which helps. For headaches usually Benadryl helps. He ascribes his headaches to allergies.

He is stable otherwise and looks healthy.

PHYSICAL EXAMINATION: Physical exam is unchanged from past results.

In conclusion he is not on any antiepileptic at this time and chooses not to be treated for seizure prophylaxis.

The veteran has a strong thought that his seizures were related to the medications as mentioned above.

I am also not sure if his seizures were really secondary to his medications and he may have unprovoked seizures as well.

At this time I have advised him to restart gabapentin for seizure prophylaxis but he chooses not to at this time. However, he has been given an option that once he decides to start the drug give me a call and I will order it from pharmacy.

For his hip pain I have ordered Tylenol #3 one tablet q. 8 hours p.r.n.

Fiorinol is discontinued because he feels upset stomach and other side effects with that drug. He will follow up with me in 6 months.

IAK/OSi/227352/2/09/08/2008 16:02:31/rc/D:09/08/2008
14:15:19/T:09/08/2008
15:06:00/VAJob#:3246104/IChartJob#32595441/25904338

** THIS NOTE CONTINUED ON NEXT PAGE **

NOTE DATED: 09/10/2008 11:09
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 09/18/2008 16:30 PSYCH DOOLEY II
received message from veteran indicating his need to CX appt scheduled for 9/11/08 due to transportation issues. Veteran is already rescheduled for 9/18/08.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
09/10/2008 11:10

M381

09/11/2008 13:18 ** CONTINUED FROM PREVIOUS PAGE **

TAKE ONE-HALF TABLET BY MOUTH EVERY DAY

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT QUETIAPINE 200MG TAB (DISCONTINUED (EDIT)/30 Days Supply Last Released: 12/14/07)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/26/08)
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/26/08)
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR
PAIN

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

OPT ZOLPIDEM 10 MG TAB (EXPIRED/30 Days Supply Last Released: 8/4/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME AS NEEDED

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Outpatient Medication Review
A new medication is to be added after review of current medication profile at this clinic visit. See plan of care above. Patient verbalizes understanding of use of new medication(s).

Signed by: /es/ INDUBHAI M PATEL, MD
STAFF PHYSICIAN, PRIMARY CARE
09/11/2008 13:37

M382

MEDICAL RECORD Progress Note

09/11/2008 13:18 ** CONTINUED FROM PREVIOUS PAGE **

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08 Days
Supply: 90
Rx Expiration Date: 6/6/09 Refills
Remaining: 2

OPT PHENYTOIN 100MG (DILANTIN) CAP
TAKE THREE CAPSULES BY MOUTH EVERY DAY
Last Released: 8/5/08 Days
Supply: 90
Rx Expiration Date: 8/6/09 Refills
Remaining: 3

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Other medications previously dispensed in the last year:

OPT BUSPIRONE 5 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY WITH MEALS

OPT BUTALBITAL CPD & APAP TAB (DISCONTINUED/10 Days Supply Last Released: 7/31/08)
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN AND HEADACHE

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/4/08)
TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN TAKE ONE
TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/17/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET
AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FIORINAL # 3 (30MG CODEINE) (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 8/11/08)
TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/7/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE
1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT PAROXETINE 40 MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/30/08)
** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD Progress Note

09/11/2008 13:18 ** CONTINUED FROM PREVIOUS PAGE **

LABS: reviewed.

A/P:
1. neck pain appear to be consistent with strained muscle tylenol # 3 every 6 hr prn pain also advised for rest, apply capsain cream as well as to use heating pads..
2.. post traumatic stress disorder follow up psych
3.traumatic brain injury seen by neurology Dr.Hogg for TBI and was D/C from TBI clinic, No evidence of TBI
4. seizure disorder and headache, he is not on any antiepileptic at this time and chooses not to be treated for seizure prophylaxis as per neuro Dr.Khan.
5. headaches. He ascribes his headaches to allergies, usually Benadryl helps, asking benadryl from here which will be provided.

Patient was explained side effects of the medications, which he understood and verbalized. Plan of therapy was discussed with the patient, and he was agreeable.

Preventative - counselled regarding weight loss/exercise/smoking cessation/Diet

LABS: CBC w/diff, lipid profile, Chem profile - before next visit.
RTC: 6 months to Primary Care Clinic or early if necessary

PROVIDER Med Reconciliation:

09/11/2008 13:34
********** CONFIDENTIAL UAP SUMMARY pg. 1
**********
LASKOWSKI,STANLEY P III

---------- BADR - Brief Adv React/All
----------

Allergy/Reaction: TRAMADOL

---------- AJEY UAP PHARMACY PROFILE
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Alphabetical list of all prescriptions, inpatient orders and Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatient order
Non-VA Meds Last Documented On: ** Data not found **

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OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED HIP AND LOWER BACK PAIN
Last Released: 9/8/08 Days Supply: 30
Rx Expiration Date: 10/8/08 Refills Remaining: 0

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA
Last Released: 6/5/08 Days Supply: 30
Rx Expiration Date: 6/6/09 Refills Remaining: 3

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Notes

NOTE DATED: 09/11/2008 13:18
LOCAL TITLE: MED PRIMARY CARE NOTE
STANDARD TITLE: PRIMARY CARE NOTE
VISIT: 09/11/2008 13:00 ZZZPATEL I PRICARE
CHIEF COMPLAIN: follow up on chronic medical problems.

HISTORY OF PRESENT ILLNESS: LASKOWSKI,STANLEY P III, is a 30 year old veteran came to my clinic today for a regular scheduled visit. He has PMHx of ajustment Disorder, Posttraumatic Stress Disorder, Skin Rashes, Right Hip Bursitis, Left Hip: Greater trochanteric bursitis, Right arm Fracture, Chronic Left Hip Pain, sinusitis, Right heel Spur, Hearing Loss and Tinnitus. The patient is having persistent problems, despite anti-inflammatory medication. The patient states he injured his forearm when he fell on stairs in 2002. He was placed in a cast for two weeks. He has Right plantar calcaneus spur from radiology report. Pt also had Admission for Concussion due to Motor Vehicle Accidentin 1994. Pt was seen by neurology Dr.Hogg for TBI and was D/C from TBI clinic, No evidence of TBI, for detail refer to neurology note dated jul 09, 2008 by Dr.Hogg. Patient is actively followed by neurology for seizure disorder and headache, he is not on any antiepileptic at this time and chooses not to be treated for seizure prophylaxis as per neuro Dr.Khan. For his hip pain neuro ordered Tylenol #3 one tablet q. 8 hoursp.r.n. Fiorinol was discontinued because he feels upset stomach and otherside effects with that drug by neurology, for detail refer to neurology note dated sept 08, 2008. pt also followed by psych for post traumatic stress disoreder. pt reported to me that For headaches usually Benadryl helps. He ascribes his headaches to allergies, asking benadryl from here which will be provided. denies any acute complain today.

Subjective: Denies any chest pain, shortness of breath, cough, fever, chills, headache, dizziness, palpitation, abdominal pain, diarrhea, constipation, melena, bright red blood per rectum, hematuria, urgency, dysuria, weakness, blurred vision, slurred speech, sensory loss.

Allergies: Patient has answered NKA
MEDICATIONS:
Active Outpatient Medications (including Supplies):

| | Active Outpatient Medications | Status |
|---|---|---|
| 1) | ACETAMINOPHEN 300MG WITH CODEINE 30MG TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED HIP AND LOWER BACK PAIN | ACTIVE |
| 2) | CAPSAICIN 0.075% CREAM (GM) APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA | ACTIVE |
| 3) | MULTIVITAMIN TABLETS TAKE 1 TABLET BY MOUTH EVERY DAY | ACTIVE |
| 4) | PHENYTOIN 100MG (DILANTIN) CAP TAKE THREE CAPSULES BY MOUTH EVERY DAY | ACTIVE |

| | Pending Outpatient Medications | Status |
|---|---|---|
| 1) | DIPHENHYDRAMINE 25 MG CAPSULES TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED | PENDING |

PMH:
Posttraumatic Stress Disorder (ICD-9-CM Hip Pain
Tobacco Use Disorder, Continuous

OBJECTIVE:
VITAL SIGNS: T 98.5 F [36.9 C] (09/11/2008 13:09), R 18 (09/11/2008 13:09), P 70 (09/11/2008 13:09), BP 122/79 (09/11/2008 13:09)
3/2/08 @ 1206 PULSE OXIMETRY: 99
GENERAL: alert and oriented, afebrile, comfortable, not in any distress.
SKIN: no jaundice, no pallor, no cyanosis, dry, non-scaly
HEENT: NCAT, anicteric sclerae, pink conjunctiva, PERRLA, moist oral mucosa.
NECK: supple, no JVD, no carotid bruit, no lymphadenopathy/ thyromegaly.
CHEST: Symmetrical, nontender.
LUNGS: Clear bilatereally, no rales/wheezes
HEART: s1 s2, regular, no murmur/gallop.
ABD: flat, soft, NABS +, nontender, no organomegaly/masses appareciated.
EXTS: warm, no edema/cyanosis/clubbing, good peripheral pulses
CNS: AAO x 3, no focal deficits noted.

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Note

NOTE DATED: 09/18/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 09/18/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the 7th session of CPT.

The veteran arrived having completed his practice assignments related to identifying patterns of problematic thinking and rereading of his last written index event. During processing of completion of these assignments, the veteran reports that he has increased his frequency of rereading index event and that he has noticed greater level of habituation. Advised the veteran to continue rereading the event between contacts until further notice. The veteran expressed understanding and agreement.

The challenging beliefs worksheet was introduced as a method of self guided cognitive restructuring. An example stuck point was used to illustrate the use of the worksheet. The veteran appears to be increasingly able to challenge his own maladaptive thinking. The five themes targeted in the remainder of the treatment were introduced with a focus of safety for exploration in the next session.

The veteran agreed to complete a challenging beliefs worksheet each day about stuck points before the next session, to read the materials related to safety stuck points and to reread the last written index event on a daily basis.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

The veteran continues to show growing proficiency in his use of cognitive restructuring exercises to challenge his maladaptive cognitions. Despite this, there continues to be some evidence of emotional reasoning present in his narrative primarily in areas surrounding index event. He continues to demonstrate willingness to challenge these errors in cognitions and resulting problem affect.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: The veteran agrees to continued attendance at cognitive processing therapy on individual basis.

Next individual contact with veteran will include; review of the challenging beliefs worksheets completed by the veteran on his safety stuck points, helping the patient confront problematic cognitions and generate alternative beliefs using the challenging beliefs sheet, introduction of the trust module.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints. The veteran's completed PCLS to date demonstrate a marked decrease in reported frequency and severity of symptom complaints.

D: 09/19/2008 11:50 AM
T: 09/20/2008 T28 183062

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
09/25/2008 16:27

MEDICAL RECORD — Progress Note

NOTE DATED: 09/25/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 09/25/2008 16:30 PSYCH DOOLEY II
D: The veteran attended a 50 minute CPT session on his service connected diagnosis of post-traumatic stress disorder.

This was the eighth session of CPT on the veteran's service connected diagnosis of post-traumatic stress disorder. The patient completed his practice assignment related to daily completion of the challenging beliefs worksheet. Examples from these worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Safety related stuck points were specifically targeted. Stuck points related to trust were introduced and he agreed to read materials related to this theme. The patient agreed to complete a challenging beliefs worksheet each day about stuck points before the next session. He also agreed to continue reading the last written account of the index event. During processing of completed homework veteran continues to describe growing habituation to re-reading of index event. Further reviewing of the index event will be considered at next contact.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

Diagnosis: Post-traumatic stress disorder.

Treatment plan: The veteran agrees to continued attendance at cognitive processing therapy on an individual basis.

Next individual contact with veteran will include: Review of challenging beliefs worksheets to challenge trauma related trust stuck points, discussion on judgment issues that may arise in stuck points related to trust, introduction of the third of five problem areas of power/control.

Therapeutic goal: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

d- 9/25/08 6:33 p.m.
t- 9/27/08 5:41 a.m.
J# 184827 TA12

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/02/2008 16:30

M387

Progress Notes

MEDICAL RECORD

NOTE DATED: 10/02/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 10/02/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder.

This was the 9th session of CPT for post-traumatic stress disorder. The patient arrived having completed his practice assignment related to daily completion of the challenging beliefs worksheets and re-reading of the last written index event. Example from the worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Trust related stuck points were specifically targeted. Stuck points related to power and control were introduced and he agreed to read materials related to this theme. The patient also agreed to complete a challenging beliefs worksheet each day about stuck points before the next session.

During processing of veteran's rereading of index event, the veteran reported habituation to rereading of index event. He also appears to have allowed for emotional expression while rereading based upon the veteran's report of progress in rereading of index event. Advised the veteran to discontinue rereading of the index event at this time.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: continued attendance and cognitive processing therapy on an individual basis.

Next individual contact with veteran will include: Discussing connection between power, control, and self blame, helping to challenge related problematic cognitions using the worksheets, reviewing of ways of giving and taking power, introduction of the fourth of five problem areas of esteem.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints. The veteran's completed PCLS have showed marked decrease in reported frequency and severity of his post-traumatic stress disorder symptoms over the course of this treatment to date.

D: 10/02/2008 5:36 PM
T: 10/05/2008 T28 186902

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/09/2008 16:27

M388

MEDICAL RECORD Progress Note

NOTE DATED: 10/03/2008 11:57
LOCAL TITLE: TLCP OIF/OEF
STANDARD TITLE: OEF/OIF TELEPHONE ENCOUNTER NOTE
VISIT: 10/03/2008 11:57 TLCP OIF/OEF NO SHOW-F/U
Data: Attempted to contact veteran re: No show for Psych Dooley appt on 10/2/2008. Unable to speak to veteran however voicemail message was left with rescheduling information and also appt information for 10/9, 10/16, 10/23 appts with Dr. Dooley.

Signed by: /es/ Karen L. Berkheiser, RN BSN
OEF/OIF RN Case Manager
10/03/2008 11:59

Receipt Acknowledged By:
/es/ SANDRA DOMPKOSKY RN MSN
OIF/OEF RN Case Manager
10/06/2008 07:57

M389

MEDICAL RECORD — Progress Note

NOTE DATED: 10/09/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 10/09/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 60-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the 10th session of CPT.

The veteran arrived having completed his practice assignments related to daily completion of the challenging beliefs worksheet. Examples from these worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Power and control related stuck points were specifically targeted. Stuck points related to esteem were introduced and he agreed read materials related to this theme. The patient also agreed to complete a challenging belief's worksheet about stuck points, give or receive a compliment each day before the next session and to do one nice thing for himself daily.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: Individual psychotherapy using cognitive processing protocol.

NEXT INDIVIDUAL CONTACT: Discuss the patient's reactions to giving and receiving compliments and engaging in a pleasant activity, discuss how patient identifies esteem issues and assumptions and challenge them using challenging belief's worksheets, introduce the fifth of five problem areas of intimacy.

THERAPEUTIC GOAL: Reduction in the frequency and/or severity of the veteran's reported symptom complaints.

D: 10/09/2008 5:25 PM
T: 10/10/2008 T28 188904

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/13/2008 14:36

M390

NOTE DATED: 10/23/2008 15:14
LOCAL TITLE: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
VISIT: 10/23/2008 15:00 SATU BEAM (RM- C9-21)
Job 03-49, MRC Approved 12-10-03

LASKOWSKI,STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient

I was unable to reach the patient. Send URGENT NO SHOW letter.

D: UNDERSIGNED LEFT MESSAGE ON VETS VOICE MAIL IN REGARDS TO NO-SHOW, WILL CONTINUE TO MONITOR VET AND DOCUMENT WHEN RETURN CALL IS RECEIVED.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
10/23/2008 15:16

Receipt Acknowledged By:
/es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/23/2008 17:47

10/24/2008 10:13 ADDENDUM STATUS: COMPLETED
D: 2ND ATTEMPT, SAME RESULTS, LEFT MESSAGE ON VETS VOICE MAIL IN REGARDS TO NO-SHOW.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
10/24/2008 10:14

10/27/2008 08:45 ADDENDUM STATUS: COMPLETED
D: VETERAN RETURNED CALL AND ASKED TO BE RESCHEDULED, VET HAS A F/U APPT. ON 10/30/08 AT 3 PM.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
10/27/2008 08:46

M391

MEDICAL RECORD — Progress Note

NOTE DATED: 10/23/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 10/23/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 50-minute CPT session on a service-connected diagnosis of post-traumatic stress disorder. This was the 11th session of CPT.

The veteran arrived having completed his practice assignment related to completing the CBW daily, giving and receiving a compliment each day, and doing something nice for himself each day without feeling as though he must earn it. Examples from the worksheets were reviewed to offer further cognitive restructuring and to fine tune completion of the worksheets. Esteem related stuck points were specifically targeted. Stuck points related to intimacy were introduced and he agreed to read materials related to this theme. The patient also agreed to complete a CBW about stuck points each day and to write another impact statement describing his current thoughts and beliefs about himself, others and the world related to his traumatic experiences. Also advised the veteran of recommendation for one month follow up after next (final) session in this protocol. The veteran expressed understanding and agreement with all above recommendations.

A: The veteran displayed mildly anxious mood with broad affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: Individual psychotherapy using cognitive processing protocol for post-traumatic stress disorder.

NEXT INDIVIDUAL CONTACT: Help patient identify assumptions, any remaining stuck points and assist patient in challenging those assumptions with CBW, the patient to read impact statement, reviewing the course of treatment and patient's progress, identification of goals for future and delineation of strategies for meeting those goals, termination and scheduling of 1 month follow up.

D: 10/23/2008 6:20 PM
T: 10/24/2008 T28 192984

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
10/27/2008 17:27

M392

MEDICAL RECORD — Progress Notes

NOTE DATED: 10/30/2008 09:26
LOCAL TITLE: TLCP SUBSTANCE ABUSE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 10/30/2008 09:26 TLCP SUBSTANCE ABUSE
D: VETERAN CALLED UNDERSIGNED TO CANCEL HIS APPT. DUE TO A SCHEDULING CONFLICT, VET WAS RESCHEDULED FOR 11/13/08 AT 2 PM. APPT. LETTER SENT.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
10/30/2008 09:27

M393

MEDICAL RECORD Progress Note

NOTE DATED: 10/30/2008 16:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 10/30/2008 16:30 PSYCH DOOLEY II

D: The veteran attended a 50-minute CPT session on his service-connected diagnosis of post-traumatic stress disorder. This was the 12th and final session of CPT for the veteran's diagnosis of post-traumatic stress disorder.

The veteran completed his practice assignment relating to completing the CBWs daily and writing a final impact statement. Examples from the worksheets were reviewed for further cognitive restructuring especially on the development and maintenance of relationships. The first and final impact statements were compared which led to discussion about the course of this tx.

Goals for the future were established and the patient was encouraged to continue using his developed skills. The veteran agreed to a one month follow up appointment and he expressed an understanding that he may contact this writer and/or Mental Hygiene Clinic should additional mental health services become necessary.

A: The veteran displayed mildly anxious mood with restricted affect. He denied and did not demonstrate symptoms consistent with current suicidal ideation, homicidal ideation, auditory or visual hallucination. His speech was logical, coherent, and sequential. His insight and judgment appeared good.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: continue individual outpatient psychotherapy with this veteran via scheduling of a one month follow up to assess further need of treatment. The veteran agrees to attend post-deployment stress classes when available.

NEXT INDIVIDUAL CONTACT: Primarily, assessment to determine further need for additional trauma related psychological treatment services and/or maintenance treatments.

THERAPEUTIC GOAL: The veteran reported improvement via decrease in reported symptom frequency and severity (PCLS).

D: 10/30/2008 5:47 PM
T: 11/01/2008 T28 195006

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
11/03/2008 15:18

M394

MEDICAL RECORD — Progress Note

NOTE DATED: 11/13/2008 14:11
LOCAL TITLE: SUBSTANCE ABUSE GENERAL NOTE
STANDARD TITLE: SATP NOTE
VISIT: 11/13/2008 14:00 SATU BEAM (RM- C9-21)
D: VETERAN PRESENTS TODAY FOR D/A INITIAL EVALUATION, BECAUSE OF TIME CONSTRAINTS VET WILL HAVE F/U APPT. SAME.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
11/13/2008 14:14

11/13/2008 14:25 ADDENDUM STATUS: COMPLETED
D: F/U APPT. MADE FOR 12/17/08 AT 11 AM.
Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
11/13/2008 14:26

M395

MEDICAL RECORD Progress Note

NOTE DATED: 12/17/2008 12:55
LOCAL TITLE: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
VISIT: 12/17/2008 12:30 PSYCH DOOLEY II
Job 03-49, MRC Approved 12-10-03

LASKOWSKI,STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient. Urgent, I was unable to reach the patient, but left message on listed home answering machine to contact MHC to reschedule, send URGENT NO SHOW letter.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
12/17/2008 12:56

12/17/2008 15:27 ADDENDUM STATUS: COMPLETED
2nd contact attempt-same result.
Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
12/17/2008 15:27

12/18/2008 10:17 ADDENDUM STATUS: COMPLETED
3rd contact attempt-same result. Reviewed file. No current MH crisis SXs indicated in file, since last contact with writer. Further contact attempts do not appear necessary at this time.
Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
12/18/2008 10:18

M396

MEDICAL RECORD

01/08/2009 12:03 ** CONTINUED FROM PREVIOUS PAGE ** Progress Note

TAKE ONE-HALF TABLET BY MOUTH EVERY MORNING FOR 10 DAYS, THEN TAKE ONE TABLET EVERY MORNING AFTER MEAL

OPT DIVALPROEX ER 500MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/17/08)
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR 3 DAYS, THEN TAKE TWO TABLET AT BEDTIME

OPT DULOXETINE 20MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/10/08)
TAKE ONE CAPSULE BY MOUTH EVERY OTHER DAY

OPT FIORINAL # 3 (30MG CODEINE) (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 8/11/08)
TAKE 1 CAPSULE BY MOUTH FOUR TIMES A DAY AS NEEDED

OPT FLUOXETINE 20 MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/25/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY WITH MEALS

OPT HYDROXYZINE 10MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/7/08)
TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY

OPT HYDROXYZINE PAMOATE 25MG CAP (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/20/08)
TAKE ONE CAPSULE BY MOUTH TWICE A DAY AS NEEDED FOR ANXIETY, MAY TAKE 1 OR 2 TABS

OPT MIRTAZAPINE 15 MG TABLET (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE AND ONE-HALF TABLETS BY MOUTH AT BEDTIME

OPT QUETIAPINE 100MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/10/08)
TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME

OPT RISPERIDONE 2 MG (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 4/26/08)
TAKE ONE-HALF TABLET BY MOUTH TWICE A DAY FOR MOOD STABILIZATION

OPT TRAMADOL 50MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 2/26/08)
TAKE TWO TABLETS BY MOUTH THREE TIMES A DAY AS NEEDED AS NEEDED FOR PAIN

OPT VENLAFAXINE EXTENDED RELEASE 75MG CAPS (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 1/22/08)
TAKE ONE CAPSULE BY MOUTH DAILY WITH FOOD

**********

Outpatient Medication Review
No change in current medication at this clinic visit. Patient verbalizes understanding of current medication regimen.

Signed by: /es/ IQBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
01/08/2009 12:04

M397

MEDICAL RECORD

Progress Note

NOTE DATED: 01/08/2009 12:03
LOCAL TITLE: PROVIDER MEDICATION RECONCILIATION NOTE
STANDARD TITLE: E & M NOTE
VISIT: 01/08/2009 11:40 KHAN NEUROLOGY
PROVIDER Med Reconciliation:

01/08/2009 12:03
********** CONFIDENTIAL UAP SUMMARY pg. 1
**********
LASKOWSKI,STANLEY P III

---------- BADR - Brief Adv React/All
----------

Allergy/Reaction: TRAMADOL

---------- AJEY UAP PHARMACY PROFILE
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Alphabetical list of all prescriptions, inpatient orders and Non-VA meds
Legend: OPT = VA issued outpatient prescription, INP = VA issued inpatient order
Non-VA Meds Last Documented On: ** Data not found **
---

OPT ACETAMINOPHEN 300MG WITH CODEINE 30MG
TAKE 1-2 TABLETS BY MOUTH EVERY 8 HOURS AS NEEDED FOR HIP AND LOWER BACK PAIN
Last Released: 12/9/08
Rx Expiration Date: 4/8/09
Remaining: 2 Days Supply: 30 Refills

OPT CAPSAICIN 0.075% CREAM (GM)
APPLY SMALL AMOUNT TOPICALLY TWICE A DAY AS NEEDED TO AFFECTED AREA
Last Released: 6/5/08
Rx Expiration Date: 6/6/09
Remaining: 3 Days Supply: 30 Refills

OPT DIPHENHYDRAMINE 25 MG CAPSULES
TAKE ONE CAPSULE BY MOUTH AT BEDTIME AS NEEDED FOR SINUS. DO NOT DRIVE WHILE ON MEDICATION.
Last Released: 9/12/08
Rx Expiration Date: 9/12/09
Remaining: 1 Days Supply: 30 Refills

OPT MULTIVITAMIN TABLETS
TAKE 1 TABLET BY MOUTH EVERY DAY
Last Released: 6/20/08
Rx Expiration Date: 6/6/09
Remaining: 2 Days Supply: 90 Refills

OPT PHENYTOIN 100MG (DILANTIN) CAP
TAKE THREE CAPSULES BY MOUTH EVERY DAY
Last Released: 8/5/08
Rx Expiration Date: 8/6/09
Remaining: 3 Days Supply: 90 Refills

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Other medications previously dispensed in the last year:

OPT CITALOPRAM 20MG TAB (DISCONTINUED BY PROVIDER/30 Days Supply Last Released: 3/4/08)

** THIS NOTE CONTINUED ON NEXT PAGE **

Progress Note

MEDICAL RECORD

NOTE DATED: 01/08/2009 12:06
LOCAL TITLE: MED NEUROLOGY NOTE
STANDARD TITLE: NEUROLOGY NOTE
VISIT: 01/08/2009 11:40 KHAN NEUROLOGY
f/u visit

Doing OK ;has had no seizures since 7/08.He is not on tramadol and any antidepressant which were suspected to be the cause of drug related seizures.
Denies using 'recreational drugs'.Denies ETOH except very rarely
No fx hx of epilepsy.He is not on any anticonvulsant.
MRI brain and EEG was normal.
He is currently unemployed but has worked in financial industry which is his background.He is not involved in operating heavy machinary and trucking etc.
Neurologic exam on last visit was nl.
He is here for f/u and for DMV driving form which was filled out.
A:Drug induced seizures (Tramadol and Prozac).
P:Patient instructed to avoid occupations and activities and medication which can endanger his well being.He understood this well.
One f/u in 6 mths or earlier if necessary.

Signed by: /es/ IQBAL A KHAN
STAFF PHYSICIAN(NEUROLOGY)MEDICAL SERVICE
01/08/2009 12:12

MEDICAL RECORD — Progress Note

02/02/2009 09:54 ** CONTINUED FROM PREVIOUS PAGE **

He reports having significant periods in the past 30 days in which he experienced serious problems getting along with no one. Lifetime, he reports having significant periods in which he experienced serious problems getting along with his mother.

He reports no physical abuse in the past month and none prior to that. He reports no sexual abuse in the past month and none prior to that. Mr. Laskowski says that during the past month he had serious conflicts with his family at no time and serious conflicts with other people at no time.

Mr. Laskowski says he was not bothered at all by family/social problems in the month prior to this interview. The patient considers treatment for family/social problems to be not at all important.

In the interviewer's opinion, the information that the patient provided concerning family problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Family/Social Relationships Comments: VET REPORTS MOTHER BEING DRUG ADDICTED, NOW DECEASED, FATHER IS ALCOHOLIC. NO MARITAL ISSUES NOTED.

PSYCHIATRIC STATUS

Mr. Laskowski states he has been treated in a hospital for psychological or emotional problems once and as an outpatient or private patient 5 times. He reports he does receive a pension for a psychiatric disability.

The patient reports having experienced psychological or emotional problems on one day during the past 30 days. The patient reports experiencing serious depression (lifetime), serious anxiety or tension (lifetime), hallucinations (lifetime) and trouble understanding, concentrating or remembering (lifetime). He says he was prescribed medication for psychological or emotional problems both during the past month as well as at some time prior to that.

The patient reports suicidal ideation but not in the past 30 days. No history of suicide attempt is given.

Mr. Laskowski says he was bothered slightly by psychological or emotional problems in the month prior to this interview. The patient considers treatment for psychological or emotional problems to be moderately important.

In the interviewer's opinion, the information that the patient provided concerning psychiatric problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Psychiatric Status Comments: VET WAS DIAGNOSED WITH PTSD IN 4/07 AND IS CURRENTLY STABLE.

SPIRITUAL STATUS:

LEISURE TIME STATUS:

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
02/02/2009 09:55

M400

| Drug | Past Month (Days) | Lifetime (Years) | Administration Route |
|---|---|---|---|
| Alcohol - any use at all: | 0 | 10 | Oral |
| Alcohol - to intoxication: | 0 | 1 | Oral |
| Heroin: | 0 | 0 | IV Inj. |
| Methadone: | 0 | 0 | Oral |
| Other opiates/analgesics: | 1 | 1 | Oral |
| Barbiturates: | 0 | 0 | Oral |
| Other sed/hyp/tranq: | 0 | 0 | Oral |
| Cocaine: | 0 | 0 | Nasal |
| Amphetamines: | 0 | 0 | Oral |
| Cannabis: | 0 | 2 | Smoking |
| Hallucinogens: | 0 | 0 | Oral |
| Inhalants: | 0 | 0 | Nasal |
| Multiple substances per day: | 0 | 2 | N/A |

Mr. Laskowski says he has never been treated for alcohol abuse and has never been treated for drug abuse. He reports he spent nothing on alcohol and nothing on drugs during the past month. Further, he denies being treated in an outpatient setting for alcohol or drugs in the past 30 days. During the month prior to this interview, the patient reports he had no alcohol or drug problems. He says he was not bothered at all by alcohol problems and was not bothered by drug problems during that time period. He considers treatment for alcohol problems to be not at all important and treatment for drug problems to be not at all important.

In the interviewer's opinion, the information that the patient provided concerning drug/alcohol problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Drug/Alcohol Use Comments: VET HAS NO PRIOR TREATMENT FOR SUBSTANCE ABUSE, MEDICATED HIS PTSD WITH ETOH AND VICODEN.

LEGAL STATUS

Mr. Laskowski says this admission was prompted or suggested by the criminal justice system. He states he is on probation or parole.

In his lifetime, he reports being arrested and charged with drug charges (once). One of these charges resulted in a conviction. Reported lifetime history of legal problems related to substance use include no charges for either disorderly conduct, vagrancy, or public intoxication and no charges for driving while intoxicated. He states he has never been cited for major driving violations such as reckless driving, speeding, or driving without a license. He reports spending one month incarcerated during his life. He is not presently awaiting charges, trial or sentence. In the past 30 days, Mr. Laskowski reports he was detained or incarcerated at no time and was not engaged in illegal activities.

Mr. Laskowski considers legal problems to be a considerable problem and is considerably interested in counseling or referral for legal problems.

In the interviewer's opinion, the information that the patient provided concerning legal problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Legal Status Comments: VET HAS ONE PRIOR CHARGE OF POSSESSION, NOW ON PROBATION FOR SAME. NO OTHER LEGAL ISSUES.

FAMILY/SOCIAL STATUS

Mr. Laskowski is married and is satisfied with this situation. His usual living arrangement over the past three years has been to live with his sexual partner and children, and he is satisfied with this arrangement. He does not live with anyone who has either a drug or alcohol problem.

** THIS NOTE CONTINUED ON NEXT PAGE **

Progress Note

MEDICAL RECORD

NOTE DATED: 02/02/2009 09:54
LOCAL TITLE: ASI-ADDICTION SEVERITY INDEX
STANDARD TITLE: ASI NOTE

*** PSYCHOSOCIAL HISTORY ***

GENERAL INFORMATION

Mr. Laskowski is a 31 year old White (not Hisp), married male SC veteran. He lists his religious preference as None. He was admitted to the Ambulatory Except Opioid Substitution program on Feb 02, 2009. In the past 30 days, he has not been in a controlled environment.

This report is based on an ASI Lite interview conducted in person on Feb 02, 2009 by Joseph R Beam, ADDICTION THERAPIST. Mr. Laskowski completed the interview.

| | Composite Score |
|---|---|
| MEDICAL | 0.3556 |
| EMPLOYMENT | 0.5000 |
| ALCOHOL | 0.0000 |
| DRUG | 0.0026 |
| LEGAL | 0.3000 |
| FAMILY | 0.0000 |
| PSYCHIATRIC | 0.1848 |

General Comments:

MEDICAL STATUS

Mr. Laskowski reports he has been hospitalized 3 times for medical problems. He says that he has a chronic medical problem (HIP PAIN) that interferes with his life. Further, Mr. Laskowski states that he is taking prescribed medication on a regular basis, and he says he receives a (40% S/C) pension for a non-psychiatric physical disability. In the 30 days prior to this interview, Mr. Laskowski experienced medical problems on 2 days, which bothered him moderately. The patient considers treatment for medical problems to be moderately important.

In the interviewer's opinion, the information that the patient provided concerning medical problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Medical Status Comments: NO ACUTE MEDICAL ISSUES, HAS HIP PAIN.

EMPLOYMENT/SUPPORT STATUS

Mr. Laskowski completed 14 years of education. He has a valid driver's license and has an automobile available for use. His longest full-time job was 8 years. His usual (or last) occupation is infantry (Hollingshead Category = Semi-skilled). No one else contributes the majority of his financial support. In the past 3 years, his usual employment pattern has been retired/disability. In the past 30 days, he was paid for working on no days. He reports his income over the past month as $3000 from pension, benefits or social security and $1500 from mate, family or friends for a total of $4500.

Mr. Laskowski reports that 3 people are dependent on him for financial support. The patient considers treatment for employment problems to be not at all important.

In the interviewer's opinion, the information that the patient provided concerning employment problems was not significantly distorted by misrepresentation. The patient did understand the questions.

Employment/Support Status Comments: NO EMPLOYMENT ISSUES, 100% DISABLED.

DRUG/ALCOHOL USE

Mr. Laskowski reports the following substance use history:

** THIS NOTE CONTINUED ON NEXT PAGE **

MEDICAL RECORD — Progress Note

NOTE DATED: 02/02/2009 09:55
LOCAL TITLE: SUBSTANCE ABUSE GENERAL NOTE
STANDARD TITLE: SATP NOTE
VISIT: 02/02/2009 09:00 SATU BEAM (RM- C9-21)
D: INITIAL D/A EVALUATION COMPLETED, SEE ASI.

A: SUBSTANCE DEPENDENCE IN EARLY REMISSION.

P: RTC IN 30 DAYS.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
02/02/2009 09:57

Progress Note

MEDICAL RECORD

NOTE DATED: 02/02/2009 10:13
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 02/02/2009 10:30 PSYCH DOOLEY II

Tobacco Use Screen:
Patient is a current smoker (including cigars and chewing tobacco)
Patient has history of smoking.
Smoking cessation education refused.

Alcohol Use Screen (AUDIT-C):
SCREEN FOR ALCOHOL (AUDIT-C)
An alcohol screening test (AUDIT-C) was negative (score=1).

1. How often did you have a drink containing alcohol in the past year?
Monthly or less

2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
1 or 2

3. How often did you have six or more drinks on one occasion in the past year?
Never

PROVIDER ALCOHOL SCR(+)<8:
Alcohol counseling given at this visit, patient advised to stop drinking.
Level of Understanding: Good
Comment: none
Alcohol Use Disorders Identification Test (AUDIT) performed this visit.
Comment: none

PROVIDER ALCOHOL SCR AUDC=/>8:
Alcohol Use Disorders Identification Test (AUDIT) performed this visit.
Comment: already performed
Alcohol counseling given at this visit, patient advised to stop drinking.
Level of Understanding: Good
Comment: NA

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/02/2009 10:43

M404

Progress Note

MEDICAL RECORD

NOTE DATED: 02/02/2009 10:17
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 02/02/2009 10:30 PSYCH DOOLEY II
PROVIDER TOBACCO COUNSELING FY07:
Patient is still a current user. Counseling done at this encounter.

1. ADVISED patient to quit tobacco.
2. ASSISTED patient to quit:
   a. Discussed the following strategies with patient to help with quitting:
      * Set a quit date, ideally within 2 weeks
      * Get support from family, friends and co-workers
      * Review past quit attempts-what helped, what led to relapse
      * Anticipate challenges, particularly during the first two weeks, including nicotine withdrawal
      * Identify reasons for quitting and benefits of quitting
   b. Offerred patient a referral to Stop Smoking Clinic.
   c. Offerred patient medication to assist with quitting

Patient was given information on the 1-800-QUIT NOW (www.smokefree.gov) program.

Pt refused tobacco tx at this time.

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/02/2009 10:43

M405

Progress Note

MEDICAL RECORD

NOTE DATED: 02/02/2009 10:18
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 02/02/2009 10:30 PSYCH DOOLEY II
NSG DEPRESSION SCREEN:
COMPLETION OF THE PHQ-9 MH TEST IS REQUIRED-CLICK HERE TO COMPELTE
A PHQ-9 screen was performed. The score was 3 which is suggestive of no depression.

1. Little interest or pleasure in doing things
Not at all

2. Feeling down, depressed, or hopeless
Not at all

3. Trouble falling or staying asleep, or sleeping too much
Several days

4. Feeling tired or having little energy
Not at all

5. Poor appetite or overeating
Several days

6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
Several days

7. Trouble concentrating on things, such as reading the newspaper or watching television
Not at all

8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
Not at all

9. Thoughts that you would be better off dead or of hurting yourself in some way
Not at all

10. If you checked off any problems, how DIFFICULT have these problems made it for you to do your work, take care of things at home or get along with other people?
Not difficult at all

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/02/2009 10:44

M406

MEDICAL RECORD — Progress Note

NOTE DATED: 02/02/2009 10:30
LOCAL TITLE: PSYCHOLOGY GENERAL NOTE
STANDARD TITLE: PSYCHOLOGY NOTE
VISIT: 02/02/2009 10:30 PSYCH DOOLEY II

D: The veteran attended a 50-minute assessment/psychotherapy session on his service-connected diagnosis of post-traumatic stress disorder. This was the first follow up appointment subsequent to completion of CPT protocol. The session employed use of diagnostic interview, ventilative and coping skills training interventions. Approximately 15 minutes of this contact were used to complete clinical reminders.

The veteran began session by requesting written letter from writer documenting veteran's completion of CPT treatment, for his parole officer. Advised the veteran that writer will investigate necessary clearances and notify veteran via phone. The veteran reports that he remains on probation, which is due to expire May 2009.

The veteran reported that he has not been attending The Scranton Veteran's Center and has no other mental health follow up other than substance abuse treatment at this location. The veteran indicates that he uses therapeutic prescriptions and CPT skills on regular basis.

Discussed treatment planning with veteran. Advised the veteran to continue to create and maintain social outlets. The veteran expressed understanding and agreement. He agreed to begin attending post-deployment stress classes on monthly basis and individual psychotherapy on p.r.n. basis. Provided veteran with schedule and content information for classes.

A: The Veteran displayed euthymic mood with broad affect. The Veteran dd and did not demonstrate SXs consistent with current SI, HI or A/V hallucination. The Veteran was OX3. The Veteran's insight and judgment appeared good. The Veteran's speech was logical, coherent and sequential.

DIAGNOSIS: Post-traumatic stress disorder.

TREATMENT PLAN: Individual outpatient psychotherapy on p.r.n. basis, post-deployment stress classes on monthly basis.

THERAPEUTIC GOAL: Maintenance in stabilization.

D: 02/02/2009 10:35 AM
T: 02/02/2009 T28 220240

Signed by: /es/ MATTHEW DOOLEY
STAFF PSYCHOLOGIST BEHAVIORAL SVCS
02/03/2009 11:02

M407

Progress Not

MEDICAL RECORD

NOTE DATED: 03/13/2009 10:47
LOCAL TITLE: TLCP OIF/OEF
STANDARD TITLE: OEF/OIF TELEPHONE ENCOUNTER NOTE
VISIT: 03/13/2009 10:47 TLCP OIF/OEF
Data: Attempted PC to veteran to confirm his appt for 3/16. Was unable to leave a voice message as voice mail box was full.

Signed by: /es/ Richard Matash, Jr, LCSW
OEFOIF Case Manager
03/13/2009 10:48

M408

Progress Not

MEDICAL RECORD

NOTE DATED: 03/16/2009 14:10
LOCAL TITLE: NO SHOW NOTE
STANDARD TITLE: NO SHOW NOTE
VISIT: 03/16/2009 14:00 SATU BEAM (RM- C9-21)
Job 03-49, MRC Approved 12-10-03

LASKOWSKI,STANLEY P III did not show for clinic appointment. Chart reviewed. Did not speak to patient

I was unable to reach the patient. Send URGENT NO SHOW letter.

D: UNABLE TO LEAVE MESSAGE ON VOICE MAIL, MAIL BOX FULL, WILL CONTINUE TO TRY AND REACH VET.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
03/16/2009 14:11

03/17/2009 09:40 ADDENDUM STATUS: COMPLETED
D: 2ND ATTEMPT, NO ANSWER.
Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
03/17/2009 09:40

03/18/2009 08:53 ADDENDUM STATUS: COMPLETED
D: 3RD ATTEMPT, NO ANSWER AT # 570-614-8885, # 570-614-9364. VETERAN WILL NEED TO INITIATE F/U APPT.
Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
03/18/2009 08:54

M409

Progress Not

MEDICAL RECORD

NOTE DATED: 06/16/2009 09:10
LOCAL TITLE: TLCP SUBSTANCE ABUSE
STANDARD TITLE: TELEPHONE ENCOUNTER NOTE
VISIT: 06/16/2009 09:10 TLCP SUBSTANCE ABUSE
D: VETERAN LEFT MESSAGE ON THIS WRITER'S VOICE MAIL STATING THAT HE WILL NOT KEEP HIS APPT. TODAY AT 9AM. WIFE IS 9 MONTHS PREGNANT AND HAD TO ATTEND TO HIS WIFE, WILL RESCHEDULE VET.

Signed by: /es/ JOSEPH R. BEAM
ADDICTION THERAPIST
06/16/2009 09:12

M410

Report from: WILKES-BARRE VAMC Station #693
06/29/2009 15:

********** CONFIDENTIAL IMMUNIZATIONS & SKIN TESTS SUMMARY pg. 1 **********
LASKOWSKI,STANLEY P III [redacted] DOB: [redacted]

---------- IM - Immunizations ----------

No data available

** No Immunization Information **

---------- IM - Immunization Record ----------

No data available

---------- CRS - Reminders Summary ----------

| | --STATUS-- | --DUE DATE-- | --LAST DONE-- |
|---|---|---|---|
| NSG PNEUMOVAX | N/A | | |
| Influenza Immunization | DUE NOW | DUE NOW | unknown |

---------- CM - Reminder Maintenance ----------

| | --STATUS-- | --DUE DATE-- | --LAST DONE-- |
|---|---|---|---|
| Influenza Immunization | DUE NOW | DUE NOW | unknown |

Frequency: Due every 1 year for all ages.

| | N/A |
|---|---|
| NSG PNEUMOVAX | |

Frequency: Cannot be determined for this patient.

Resolution:
No record of pneumococcal vaccine on file. Verify or document refusal or create historical encounter for vaccine given outside the VA system.
Information about the reminder evaluation:
Patient does not meet any age criteria!

---------- ST - Skin Tests ----------

No data available

*** END ** CONFIDENTIAL IMMUNIZATIONS & SKIN TESTS SUMMARY pg. 1 **********

M411

Active Problems Jun 29, 2009@14:42:3[redacted] Page: 1
LASKOWSKI,STANLEY P III PCTeam: GENERAL MEDICINE
PrimCare: PATEL,I

| | Problem | Onset | Updated | Status |
|---|---|---|---|---|
| 1 | Posttraumatic Stress Disorder (ICD-9-CM 309.81) (309.81) | | 07/16/07 | active |
| 2 | Hip Pain (719.45) | | 01/09/08 | active |
| 3 | Tobacco Use Disorder, Continuous (305.1) | | 03/09/08 | active |
| 4 | POLYSUBSTANCE DEPENDENCE (304.80) | | 03/11/08 | active |
| 5 | Epilepsy (ICD-9-CM 345.90) (345.90) | | 08/05/08 | active |
| 6 | Seizures (ICD-9-CM 780.39) (780.39) | | 01/08/09 | active |

----------Enter ?? for more actions----------

M412